

Children's Well-being Collaboratives

RFP MHDS 18-001

(Responses Due on August 18, 2017)

State of Iowa

Technical Report – Original

Submitted by:

Youth and Shelter Services, Inc.

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Iowa Department of Human Services
1305 E Walnut Street, 5th Floor
Des Moines, IA 50319

TAB 1: TRANSMITTAL LETTER

The transmittal letter serves as a cover letter for the Technical Proposal. It must consist of an executive summary that briefly reviews the strengths of the bidder and key features of its proposed approach to meet the specifications of this RFP.

Youth and Shelter Services Inc., (YSS) is pleased to submit a proposal as the Lead Entity in the development of a Children's Well-being Collaborative focused on Prevention and Early Intervention Services, including mental health crisis services to have a positive impact on children in early childhood development, ages 0-8, and family well-being. geographically defined area for this project is the six contiguous counties of Boone, Franklin, Hamilton, Hardin, Marshall, and Story. YSS Collaborators for the project are **BooST Together for Children, Central Iowa Community Services Mental Health and Disabilities Services District (CISC MHDS), and Lutheran Services in Iowa.**

Addressing children's well-being begins before birth. Throughout the prenatal period and into the first years of life, a child's brain and body develop rapidly, leaving the child particularly vulnerable to outside influences. The infant brain is developing abilities like language and motor skills with feedback from external sources, and is most vulnerable to substances than the brains of older children and adults. While the changes from conception to early childhood are obvious from the outside, research on brain development continues to show us why this period is so important for later brain architecture and future function. As noted above, infancy and early childhood is an especially important time for brain development. Outside of the environmental factors that affect brain development, scientists have also long considered the importance of looking at the blooming brain of infants for indications of developmental disabilities like Autism Spectrum Disorder, brain disorders causing mental illness and disorders of the nervous system resulting in a delay in physical development.

YSS is uniquely qualified to carry out this project as we have the talent, professionalism, and experience in early youth development, staffed with experts and clinicians working in early childhood development, we are a licensed Health and Home Service (HHS) organization, and understand many of the problems youth and families face in locating quality, consistent services to work through individual and family mental health issues. Additionally, YSS provides early prevention/education presentations to community groups and in the schools and has employed evidence based practices and assessments for over 15 years to ensure the health of pregnant women and their children while identifying physical and mental health issues prohibiting a youth to thrive.

Organizational Background

YSS is headquartered in Ames, Iowa. Established in 1976, YSS is a blended organization offering services and programming in Behavioral Health and Child and Youth Services. YSS is CARF accredited with a well-trained staff focused on the highest level of quality care. Over the years, YSS has expanded its services to youth throughout central and north central Iowa by establishing seven community-based centers with locations in Cerro Gordo (Francis Lauer – A YSS Organization), Boone, Hamilton, Marshall, and Polk counties, and two centers in Story County. Services, available to all children and families in need, focus on at-risk, low income and impoverished children and families. Our focus is on the care of children in early childhood ages 0-8, youth in grades K-12, transitional aged youth 16-21 years of age,

and homeless mothers and pregnant women up to age 24 to prevent, educate and treat youth for a positive impact now and in their future.

Organizational Strengths

Experience: A major strength of YSS is the experienced success in providing programming and services to at-risk youth and working with partnering agencies to ensure a youth's successful outcome. YSS has over 41 years of professional experience in providing youth services in the home, at school, in hospitals, and at the YSS facilities. Our staff includes trained youth case workers, mental health professionals, child therapists, psychiatrists, and physicians either on-site or through the use of *TeleHealth* to fully assess the mental and physical health of a youth. Additionally, YSS has trained child therapists specializing in early childhood ages 0-8 implementing successful evidence based programming for positive child development.

Francis Lauer, our YSS site in Mason City recently completed a project focusing on the development of a children's mental health crisis and stabilization plan. As the Lead Entity over a seven-county geographic area in north central Iowa, the project culminated in a community wide report out of the Coalition's findings and next steps (*IDHS-MHDS 17-005 Final Report*, July 2017).

Successful Outcomes: Every day, YSS gives children and youth a place to find their voice, heal with compassion, make healthy choices, feel safe and secure, learn life skills, grow in their confidence, and ultimately stand strong. YSS has consistently achieved positive outcomes for youth in crisis by helping them resolve conflicts, and strengthened youth/guardian/parental relationship through communication and skill building. In 2016, YSS worked with 6,000 youth and families - 80 percent of the youth in YSS residential addiction treatment completed the program successfully.

Child-Focused: YSS is child focused. Our mission is to create hope and opportunity by putting kids first. Our mission is based on the six YSS core values of Commitment, Collaboration, Compassion, Innovation, Integrity, and "Can Do" Spirit. We value respect, dignity, accountability, compassion, and self-worth.

Project Commitment: We are fully committed to the development of a Children's Mental Health Collaborative along with providing recommendations regarding 441 Iowa Admin. Code Ch. 24 Division II and for any additional state funding needed to establish a children's mental health crisis system in our geographically defined area in North Central Iowa.

Key Features of Our Proposed Planning Process Approach

If awarded, the YSS Collaborative will develop the plan for implementation of services, intervention and education for youth in early care and schools in the proposed geographically defined area with expansion to other counties as the plan/implementation grows.

1. **Formalize the Child Well-being Collaborative** (Collaborative) after the approval of a contract to ensure we have input from the communities in the geographically defined area to include Collaborative members, community stakeholders, professional psychologists and therapists in private practice, nurses, school staff, parents/youth who have experienced crisis situations, local social

service providers, and others to ensure inclusivity of the all stake holders in the planning process. YSS collaborators for this project are

2. Develop a **model for an area wide system** that builds effectively and efficiently on early child development resources such as the Positive Behavior Interventions and Supports (PBIS) work currently in use in Iowa. PIBS is used in schools and daycares to identify and address the needs of children in early childhood and their families. This model provides effective programming and supports for young children presenting with behavioral and/or signs of mental illness.
3. Develop a **data-gathering process** for the geographically defined area that documents, for example:
 - a. Early childhood development and family assessments.
 - b. Materials regarding the prevention/intervention of early childhood developmental concerns along with information aimed at reducing the stigma of mental illness.
 - c. Extent of early childhood evidence-based and promising practices implementation.
 - d. Early development programs and services for parents/guardians with young children.

As part of this process, the Collaborative will review the work completed by grantees including the *Children's Mental Health Study Report* (December 15, 2016), the *Children's Mental Health Crisis Services and Children's Well-being Learning Lab Report* (January 15, 2017), and the *YSS Children's Mental Health Crisis Services Planning Grant, Final Report* (July 2017). Related reports and studies will also be reviewed to determine the relatability of the approach in this proposal to issues identified in the previous reports. As an organization, we are aware of numerous child studies, surveys, and research conducted at the local, state, and national levels. We will carefully review known local assessments and those reported in the aforementioned report to determine the possibility of adopting an existing assessment to avoid duplication.

4. Develop a **plan for sustainability**. Funding for this opportunity will end 8.5 months after the start date. Working with the Collaborative we will identify/develop a model of the blending and braiding of funds and resources to encourage cross-systems collaboration and, in turn, to improve the project outcomes for children 0-8 years of age and add to the body of data to de-stigmatize mental illness.
5. YSS has the staff, Collaborative members, and stakeholders in place to begin the work of the Collaborative immediately. **Staff is available so no start-up time is needed.** YSS has the depth and professional staff needed to work in partnership with other agencies, partners and stakeholders to develop a plan for implementation. This includes the development of program goals, objectives, activities, and evaluation tools to meet objectives and goals of the project.

We appreciate the opportunity presented by this RFP and thank you for your time and consideration.

Sincerely,


Andrew Allen
YSS CEO

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- e. Submit a final written report to the Agency by April 15, 2018, including information relating to the accomplishments and future plans of the Well-being Collaborative. The report shall provide detail regarding the Scope of Work Sections 1.3.1.1 through 1.3.1.2. 22

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TAB 3: RFP Forms


Attachment A

Attachment A: Release of Information
(Return this completed form behind Tab 3 of the Bid Proposal.)

Youth and Shelter Services, Inc. (YSS) (name of bidder) hereby authorizes any person or entity, public or private, having any information concerning the bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The bidder is willing to take that risk. The bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Youth and Shelter Services, Inc. (YSS)
Printed Name of Bidder Organization


Signature of Authorized Representative

Date 8/11/17

Andrew Allen
Printed Name

Attachment B

Attachment B: Primary Bidder Detail Form & Certification
(Return this completed form behind Tab 3 of the Proposal. If a section does not apply, label it "not applicable".)

Primary Contact Information (individual who can address issues re: this Bid Proposal)	
Name:	Andrew Allen
Address:	420 Kellogg Avenue., Ames, Iowa 50010
Tel:	515-233-3141
Fax:	515-233-2440
E-mail:	aallen@yvs.org

Primary Bidder Detail	
Business Legal Name ("Bidder"):	Youth and Shelter Services, Inc.
"Doing Business As" names, assumed names, or other operating names:	YSS
Parent Corporation, if any:	N/A
Form of Business Entity (i.e., corp., partnership, LLC, etc.):	Nonprofit, 501(c)(3) Corporation
State of Incorporation/organization:	Iowa
Primary Address:	420 Kellogg Avenue, Ames, Iowa 50010-6226
Tel:	515-233-3141
Fax:	515-233-2440
Local Address (if any):	N/A
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	125 S. Third Street, Ames, Iowa 50010 105 S. Marshall Street, Boone, Iowa 50036 830 Sixth Street, Nevada, Iowa 50201 11 East State Street, Marshalltown, Iowa 50158 1611 Prospect St., Webster City, Iowa 50595 501 N. Eisenhower Avenue, Mason City, Iowa 50401
Number of Employees:	427
Number of Years in Business:	41 years
Primary Focus of Business:	Child Welfare
Federal Tax ID:	42-1051609
Bidder's Accounting Firm:	Houston & Seeman, P.C.
If Bidder is currently registered to do business in Iowa, provide the Date of Registration:	June 1, 1976
Do you plan on using subcontractors if awarded this Contract? (If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.)	No

Request for Confidential Treatment (See Section 3.1)		
Location in Bid (Tab/Page)	Statutory Basis for Confidentiality	Description/Explanation
N/A	N/A	N/A

Exceptions to RFP/Contract Language (See Section 3.1)			
RFP Section and Page	Language to Which Bidder Takes Exception	Explanation and Proposed Replacement Language:	Cost Savings to the Agency if the Proposed Replacement Language is Accepted
N/A	N/A	N/A	N/A

PRIMARY BIDDER CERTIFICATIONS

1. BID PROPOSAL CERTIFICATIONS. By signing below, Bidder certifies that:

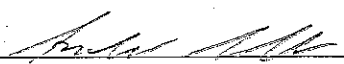
- 1.1 Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal. The bidder accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract;
- 1.2 Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein;
- 1.3 Bidder has received any amendments to this RFP issued by the Agency;
- 1.4 No cost or pricing information has been included in the Bidder's Technical Proposal; and,
- 1.5 The person signing this Bid Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and, Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier.

2. SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Bidder certifies that:

- 2.1 Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
- 2.2 Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract;
- 2.3 Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP; and,
- 2.4 Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at: <http://www.state.ia.us/tax/business/business.html>.

3. EXECUTION.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. The Bidder has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	
Printed Name/Title:	Andrew Allen / President and CEO
Date:	8/11/17

TAB 4: Bidders's Approach to Meeting Deliverables

1.3 Scope of Work

1.3.1 Deliverables.

1.3.1.1 Establish Interagency Coordination and Collaborative Efforts.

The Contractor shall develop the Well-being Collaborative. The Well-Being Collaborative shall be responsible for developing interagency coordination and collaboration for the provision of Prevention and Early Intervention Services within the Geographically Defined Area. The Contractor's obligations in this regard include, but are not necessarily limited to, the following. The Contractor shall:

- a. Recruit and retain the Well-being Collaborative membership with a focus on achieving the goals and outcomes of the Well-being Collaborative and supporting all members in the Well-being Collaborative.**

It is essential that the Well-being Collaborative for Prevention and Early Intervention Services consists of a broad cross section of entities within a geographically defined area. We identified the geographically defined area for this work to include the following mix of rural and urban counties: Boone, Franklin, Hamilton, Hardin, Marshall and Story Counties. Franklin, Hamilton and Hardin are rural counties and the remaining counties of Boone, Marshall, and Story are urban.

The Well-being Collaborative includes YSS as the Lead-Entity, the **YSS IHH Coordinator, BooST Together for Children, the Central Iowa Community Services Mental Health and Disabilities District, and Lutheran Services in Iowa.** Collaborators are well-versed in early childhood prevention and development and committed to the project. The Collaborative membership will be extended out to community stakeholders, the Iowa State University Early Childhood Education staff, parents, educators, public health and mental health representatives, juvenile justice, Early Childhood Iowa, faith-based organizations, child welfare representatives, therapists, psychologists, clinicians, childcare centers, and others throughout the geographically defined area. Through this Collaborative, we will successfully develop strong partnerships to develop and implement a successful plan with positive outcomes for the well-being of children and their families through prevention and early intervention. The involvement from a cross-section of entities to improve, streamline, and more easily provide services was identified as a goal and a need in the *Children's Mental Health Crisis Services and Children's Well-being Learning Labs Report* (January 15, 2017, pages 2, 3, 4). Further, the same report cites a need for promotion, prevention, and early intervention and a need for services in schools, public education on mental health, healthy relationships, and parenting. Early intervention and the detection of mental health conditions are also listed as important as well as the education of schools, law enforcement and other providers on children's mental health and strategies to intervene early (page 3).

In addition, we will continue our work with the organizations who led the previous work on Children's Mental Health Crisis Services and the Learning Labs to provide continuity in planning and services to child, this includes the YSS Final Report, *Children's Mental Health Crisis Services*

Planning Grant (July 2017). As a Collaborative, we will combine expertise in education, early childhood development, prevention and intervention, physical and emotional well-being, medical insight, diversion, family health, and mental health of children and family to best meet the needs of providing early education and intervention for the well-being of youth and their families. Other members will be invited to participate with the Well-being Collaborative from recommendations made by members or through letters of interest in improving the lives of young children and families.

- b. Build and maintain intentional collaboration among all Well-being Collaborative entities with the goal of providing measurable improvements in outcomes for children and families. Potential short-term and long-term mental health and wellbeing goals and outcomes are listed on page 5-6 of the Children's Mental Health Study Report.**

The overarching goals of the Children's Well-being Collaborative as identified in the *Children's Mental Health Study Report* (December 15, 2016) on pages 5-6 are to "improve short term and long term mental health and well-being outcomes for children and families and community capacity within the defined region". YSS, as the lead entity, has a 41 year history of working in collaboratives and in partnerships with positive outcomes for child and young families with a wide variety of organizations throughout central Iowa and throughout the state.

Objectives and actions to complete short- and long-term goals identified in the RFP and enumerated in the *Children's Mental Health Study Report* (December 15, 2016) will be identified in the development of the draft plan. The draft plan will be submitted to the Agency 15 days after a Contract has been executed and finalized by the Agency 30 days after the submission of the draft plan. The Well-being Collaborative will have full access to the draft plan for input and comments to improve the plan.

For each YSS program, program goals, objectives and activities are well planned to reach positive outcomes for our young clients. We conduct before, during, and after care surveys and interviews to determine success and identify those areas in need of improvement. To ensure quality in programming, YSS has a Quality Assurance program which meets quarterly to identify gaps in programs, places where programs are working and provides an overall assessment of services to continue to provide quality services for positive outcomes for our young clients and their families. Many of the positive outcomes of our programs include a reduction in school absence, behavioral improvements, decreases in school suspensions, and improved family well-being through intensive family in-home and in-office services.

- c. Hold the first in-person meeting with Well-being Collaborative members no later than 11/17/2017.**

YSS as the Lead Entity shall hold the first in-person meeting with the Well-being Collaborative members prior to 11/17/2017. At the first meeting, the Well-being Collaborative will begin to articulate how the short and long term goals identified in the *Children's Mental Health Study Report* will translate into a plan specific to build and improve the effectiveness of Prevention and Early Intervention services. Prior to the meeting, each member will have copies of the *Children's Mental Health Study Report* (December 15, 2016) the *Children's Mental Health Crisis Services and*

Children's Well-being Learning Labs Report (January 15, 2017), and the YSS Final Report, *Children's Mental Health Crisis Services Planning Grant* (July 2017). As part of the process, the first meeting will include a determination on the level of detail needed to provide a most complete list of screening techniques, evidence-based and promising practices from child serving entities used to assess the mental health of a child and their family along with a family assessment of needs and conditions.

Using the collaborative process, YSS will lead the Well-being Collaborative in making multi-party decisions and decision rules, enhancing opportunities for Group involvement throughout the process, exploring objectives broader than those of the Lead Entity, conducting multi-party analysis of technical data, and collaboratively evaluating working sustainable actions and alternatives.

- d. Provide the Agency a copy of the meeting minutes from the first in-person meeting with Well-being Collaborative members by 12/1/2017.**

The Agency shall be provided a copy of the minutes from the first in-person meeting with the Well-being Collaborative 12/1/2017. YSS will additionally provide sign-up sheets and all information packets from this initial and formalized meeting.

- e. Select and implement evidence-based or promising prevention and early intervention models.**

The *Children's Mental Health Crisis Services and Children's Well-being Learning Labs Report* (January 15, 2017) identifies barriers in the provision of services making it difficult to provide service consistency due to:

- Incompatible health records systems leading to difficulty sharing information across providers and coordinating care
- Multiple screening and assessment tools and processes across providers
- Lack of collaboration among providers.
- Lack of a system of care to ensure coordinated services.

A focus of the Well-being Collaborative will be to address the barriers provided in the report and select/implement the best evidence-based or promising prevention and early intervention model that can be used consistently throughout the geographically defined area to the benefit of children ages 0-8 for family well-being. YSS implements and accesses several evidence-based practices and assessment tools for early childhood development and in working with their families. A wide array of practices will be reviewed and discussed in the Well-being Collaborative to identify the best means to build and improve the effectiveness of prevention and early intervention services in the geographically defined area. We will also include discussions of family-based assessments and evidence based practices organizations use to identify the stability of the family and how those needs are met to ensure family and child well-being.

YSS prevention and early intervention programs and therapy for children includes, Parent- Child Interaction Therapy (PCIT), Play Therapy, the Teaching Pyramid, Too Good for Drugs, The Incredible Years, Ages and Stages, Conners 3 Assessment Tool, PHQ-9 for children, Trauma

Screening instruments for children, and assessments for caregivers including the Comprehensive Addiction Severity Index (CASI) and Adverse Childhood Experiences (ACE) Inventory – most of these programs/services are described in the YSS Final Report, *Children's Mental Health Crisis Services Planning Grant* (July 2017). A brief description of each follows.

- Parent- Child Interaction Therapy (PCIT): PCIT is an evidenced based intervention that uses an effective, short term coaching approach that improves family relationships and increases positive and supportive communication. PCIT provides services for families of young child between the ages of 2-7 with disruptive behaviors disorders, families at high risk for child abuse and young children experiencing risk factors for the disruptive behavior disorders, such as family disruptions, ADHD, or developmental delays. Available in English and Spanish.
- Play Therapy: In this evidence based practice, YSS Play therapists encourage the advancement of the psychosocial development and positive mental health of clients through play and Play Therapy. Play therapists foster the client's interest and welfare which includes securing and supporting nurturing relationships in the client's life.
- The Teaching Pyramid: This model approach for children provides a systematic framework that promotes social and emotional development, provides support for children's appropriate behavior, prevents challenging behavior, and address problematic behavior. It can be implemented in the home and is implemented in many of the schools involved with early education.
- Too Good for Drugs: This curriculum is a model program supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). The curriculum teaches children skills about the dangers of substance misuse, strengthens healthy development in key areas such as goal setting, communications, decision making, conflict resolution, managing emotions, bonding, healthy relationships, and community involvement. The curriculum is used throughout YSS programs working with young children.
- The Incredible Years: The Incredible Years® is a series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence. The programs are used worldwide in schools and mental health centers, and have been shown to work across cultures and socioeconomic groups. The series is available in English and Spanish.
- Ages and Stages Questionnaires 3rd Edition (ASQ-3): Ages and Stages Questionnaires are screening tools that are parent-completed to assess and determining the need for further evaluation of developmental delay. These tools facilitate early detection of children with developmental problems from birth to 5.5 years. The ASQ-3 can be administered to the child by someone who knows the child well. The results identify developmental problems including gross motor, fine motor, communication, problem-solving, and personal-social

issues in young children. There are 21 age-interval questionnaires related to this screening tool. ASQ-3 has been adopted/validated in Portugal, Chile, and Brazil.

- Ages and Stages Questionnaires Social Emotional (ASQ: SE-2): The ASQ: SE, an evidence-based practice, are parent-completed screening tools to identify young children at risk for social-emotional problems who may require further evaluation. These tools can be used alone or in conjunction with the ASQ-3, or any other developmental measure. The ASQ: SE-2 was developed for very young children ages 1-72 months (1 to 6 years of age). There are 9 age-interval questionnaires related to this screening tool. This assessment tool has been translated from English to Portuguese and Spanish.
- The Conners 3 Assessment Tool: The Conners 3 assessment tool is used to obtain the parent's observations about their child's behavior. This instrument is designed to assess Attention Deficit/Hyperactivity Disorder (ADHD) and ADHD common co-occurring problems such as anxiety and conduct disorder, in children and adolescents aged 6 to 18 years old. When used in combination with other information, results from the Conners 3-P(S) it can provide valuable information for guiding assessment decisions. This assessment tool is available in English and Spanish.
- PHQ-9 for children ages 6-18: The PHQ-9 is the nine item depression scale of the patient health questionnaire. It is one of the most validated tools in mental health and can be a powerful tool to assist clinicians with diagnosing depression and monitoring treatment response. PHQ-9 is available in multiple languages including English, Spanish, Afrikaans, Arabic, Chinese, and Vietnamese.
- Trauma Screening instruments for Children:
 - ✓ Child Trauma Screen (CTS): CTS is a brief screening tool for four potentially traumatic events and six trauma symptoms. This instrument is designed to be administered by trained clinical and non-clinical staff (i.e. child welfare workers, juvenile probation officers, school personnel). The target age group is 6-17 years of age. CTS is also available in Spanish.
 - ✓ UCLA Child/Adolescent PTSD Reaction Index (UCLA-RI): The UCLA PTSD-RI is a screening tool for trauma and symptoms using the Diagnostic and Statistical Manual of Mental Disorders #5 (DSM-V) criteria among children ages 6-17. The screening tool is intended for use by qualified mental health providers and researchers. There are three versions of this tool, the child report, the adolescent report, and the caregiver report. The three versions can be administered verbally or completed by individuals themselves. This screening tool is also available in Spanish and German.
 - ✓ Child and Adolescent Trauma Screen (CATS): The CATS is a freely accessible screening tool for traumatic events and trauma symptoms based on DSM-5 criteria. If at

least one of the 15 potentially traumatic events is selected, trauma symptoms and psychosocial functioning are measured. The 15 traumatic events are natural disasters, accidents, illness/medical trauma, experiencing or seeing violence at home, experience or seeing violence in the community, sexual abuse, traumatic loss, medical procedures, war, and other trauma. The CATS questionnaire proves good to excellent for use with children and youth ages 3 to 17. There are three versions of this tool; the child and adolescent self-report intended for children 7 and older, the caregiver report for 3- to 6-year-old children, and the caregiver report for 7-17-year-old children and adolescents. CATS is available in English, German, Norwegian, and Spanish.

It is clear from the previous DHS grantee reports that a strong correlation exists between children and their physical and family environment and a child's mental health and well-being. For example, children who are physically abused may turn out to be bullies and exhibit disruptive behaviors in school and in other social settings. To ensure the well-being of a child both physically and mentally it is important to access the health of the family and caregivers to provide needed wraparound services to the benefit of the child, family and community. Following are screening tools that assist in understanding caregivers.

- The Comprehensive Addiction Severity Index (CASI-A), as appropriate. The Comprehensive Addiction Severity Index for Adolescents 16 years and older is a 45-90 minute interview used to assess substance use, substance misuse/ use disorders and dependency symptoms and related problems. CASI evaluates 10 modules to determine if certain behaviors have occurred and whether or not these behaviors have led to behavioral responses. The modules are health, family, stressful life events, legal status, sexual behavior, alcohol and other drug use, mental health functioning, peer relationships, education, use of free time. CASI is available in English and Spanish.
- Adverse Childhood Experiences Inventory (ACE): ACE is a 10-item measure (yes/no response) that assesses potential events related to emotional/physical abuse, sexual abuse, and household dysfunction. ACE has not been validated for use in children but useful in identifying the etiology of adult behavior, and mental and physical health. The traumatic experiences are emotional abuse, physical abuse, sexual assault, emotional neglect, physical neglect, mother treated violently, household substance misuse/addiction, household mental illness, parental separation/divorce, and incarcerated household members. Left untreated, these behaviors are repeated by affected adults/caregivers toward their children who themselves repeat the behaviors in their lives. In recent years, this tool has been reviewed for expansion to address issues such as racism, living in an unsafe neighborhood, experiencing bullying, and having a history with foster care. ACE is available in English, German, Norwegian, and Spanish.

f. Understand funding sources and how to use available funding most effectively.

Strategies that allow funds and resources to be used in more flexible, coordinated, and sustainable way are critical to the success of efforts to improve the coordination and impact of the children and

families that will be served in the defined geographic region. YSS is a leader in providing funding for the myriad of YSS programs and services through braided funding from donations, gifts, local, state and federal grants. We will develop a plan addressing how organizations can facilitate the blending and braiding of funds and resources locally and at the state and federal levels to encourage cross-systems collaboration for the continuation of programming for the prevention and early intervention of mental health services for children in early childhood and their families that will be established through the Collaborative.

g. Adopt or develop, implement and analyze a community needs assessment.

The work completed on children through the Learning Labs and Children's Mental Health Crisis Services grants provide a wealth of data to identify next steps in determining a community needs assessment. If needed, the Collaborative may identify and hire out to conduct a study involving:

1. Resource Mapping to identify prevention and mental health services and supports available in the region for children and analyze the maps for service gaps.
2. Fiscal Mapping to identify the funding sources of resources identified in 1.
3. Process Mapping to conduct focus groups with parents, providers and other stakeholders to determine child screening procedures, family and child assessments and practices.

A thorough review of existing assessments involving resource mapping, fiscal mapping, and process mapping will be conducted prior to conducting this study for the geographically defined area.

h. Develop, implement, and analyze a community work plan based on the results of the community needs assessment.

If awarded, a draft work plan will be developed by the Collaborative and delivered to DHS within 15 days after the Contract execution date. The work plan will be based on system of care principles and focus on the core elements of prevention, early intervention and treatment. The plan will initially focus on the six county geographically defined area covered in this grant application. However, it will be designed to be scaled up to cover additional counties served by BooST, CISC and Lutheran Services in Iowa and made available widely.

A copy of the draft plan will be shared with all stakeholders in the geographically defined area. Feedback from the stakeholders will be used to develop a final work plan that will incorporate any changes requested to by the Agency and shall be submitted to the Agency within 30 days after the submittal of the draft work plan. The final work plan will be shared with participants with discussions in the Collaborative regarding the prioritization of the next steps to take to implement the approved DHS final work plan and to identify workgroups as needed on parts of the plan.

Our overall approach for plan development and implementation will involve the Plan-Do-Check-Act method of having participants make continuous small improvements to systems and processes. The results of the Process Mapping can be used by partner agencies to make needed modifications. The

university partner will be responsible for capturing the process changes and sharing them with the Collaborative.

In addition to working on our internal policies and procedures we will also invite representatives from statewide services that impact local services to offer suggestions on how the Collaborative could work with more effectively with them to improve outcomes for children. For example we will reach out to Iowa 211 and Iowa Compass to see if the results of a potential resource mapping (through data collection) could be integrated into their databases of statewide resources.

i. Adopt or develop and implement a uniform family assessment.

After thorough assessment of the community resources for families and young children, a sub-committee of the Collaborative will work with other partner agencies will select a uniform tool or tools for strength-based family assessment that assesses the risk factors for mental illness.

After an initial assessment of a family's strengths and needs combination of formal and informal approaches can be used to screen for and assess a number of focus areas, including general family functioning, mental health, adult learning needs, substance abuse, parenting and child development, and domestic violence.

There are many resources available for selecting and implementing formal assessment tools. When selecting tools, consideration will be given to general purpose, target population, cost, training requirements, and accessibility. All of the tools selected by the Collaborative will have some level of evidence behind them. Many exist that are evidence-based, innovative or promising.

Using the right assessment tool, administered in the correct way and at the right time, will improve the likelihood that designated resources and/or services are suitable for the family's needs.

j. Use research, data, and data analysis to guide the Well-being Collaborative's work.

Youth and Shelter Services will lead the Well-being Collaborative in the acquisition, review and analysis of evidence-based or promising family and/or child assessments, and develop either a uniform family assessment or implement an agreed upon, easy to use existing evidence based family assessment. The use of a uniform family assessment will alleviate the need for families to go from service to service completing surveys and assessments particular to individual physicians, clinicians and mental health care organization. The multiple screening and assessment tools and processes across providers is listed as an identified gap hindering services in the *Children's Mental Health Crisis Services and Children's Well-being Learning Labs Report*, page 3.

A key group decision made through the successful **YSS work in the planning of children's mental health crisis services** (July 2017) is the use of the *Ages and Stages* assessment tool for children ages 2-11. *Ages and Stages* Questionnaires are screening tools that are parent-completed to assess and determining the need for further evaluation of potential mental challenges and developmental delay. This is one of the evidence-based practices we will look to for potential adaption throughout the geographically defined area. A brief review of this tool can be found in this report page 18..

k. Collaborate with and incorporate the work of the Children's Mental Health Crisis and Learning Lab grantees to maximize lessons learned from those efforts.

We will extend invitations to the previous grantees of DHS to join the Children's Well-being Collaborative. Their experience and knowledge will greatly assist in the review of their previous work, provide input to the Well-being Collaborative, and potentially assist the Well-being Collaborative reach the successful outcome. YSS has learned much from our successful work in the completion of the *YSS Children's Mental Health Crisis Services Planning Grant* (July 2017). Participation from the other grantees will allow for continuity between the three related child focused projects and result in a more extensive Well-being Collaborative affecting agencies and organizations across the state.

YSS is knowledgeable in the ample amount of research, data, and data analysis provide through the work of the grantees involved with the Learning Labs and Children's Mental Health Crisis Planning grants. The Children's Well-being Collaborative will carefully review the completed reports to determine where further research, data collection and data analysis is needed. Presently, we see a potential need to map out research evidence-based practices, promising practices, models, and assessments that may be easily adapted for use to develop and implement prevention and early childhood development intervention services throughout the geographically defined area.

l. Submit a draft work plan to the Agency for review within 15 days after the Contract execution date. The work plan shall identify the steps to be taken and include a timeline with target dates. A final work plan, incorporating any changes requested by the Agency, shall be submitted to the Agency within 30 days after the submission of the draft work plan.

Youth and Shelter Services, Inc. will submit a draft work plan to the Agency for review within 15 days after the execution of the Contract. The work plan will provide steps to be taken in addition to a timeline with target dates. The final work plan will be submitted to the Agency within 30 days after the submission of the draft work plan. The final work plan will include any adjustments required by the Agency and reflect the input of the Children's Well-being Collaborative membership established prior to the submittal date.

1.3.1.2 Technical Assistance.

The Contractor shall provide technical assistance to facilitate Children's Prevention and Early Intervention Services in the Geographically Defined Area. The Contractor's obligations in this regard include, but are not necessarily limited to, the following. The Contractor shall:

a. Provide technical assistance to a diverse array of stakeholders.

As the Lead Entity, YSS shall provide technical assistance in the geographically defined area to facilitate prevention and early Intervention Services for children in early childhood. This includes working effectively with the Well-being Collaborative to identify meeting locations and times, setting up teleconferencing meetings, webinars and connect telephonically, distributing meeting minutes, exchange of emails and information throughout the Well-being Collaborative through a centralized location.

- b. Develop and submit public awareness materials, which include information on reducing the stigma of mental illness, to the Agency for review and approval by the due date established in the final work plan.**

Identifying ways to reduce the stigma of mental health illness is a key activity of the Children's Well-being Collaborative. Providing public educational materials about mental illness and linking it more strongly to a physical illness of the brain, to clients, childcare centers, educators, hospital staff, doctors, general public, rural clinics, social service clinics, offices, businesses, and throughout the community is vital to begin reducing the stigma of mental illness. Stigma and discrimination go hand-in-hand when it comes to mental illness. According to the *Wisconsin United for Mental Health* website, "... people with mental illness would rather tell their employers they have committed a petty crime and were in jail than admit to being in a psychiatric hospital." Herein lies the core effect of stigma associated with mental health issues – discrimination and diminished self-worth.

The effect of stigma on parents and/or guardians living with children with a mental illness can cause parents to develop an intense fear of having their children diagnosed with a mental illness and speaking about their illness. Parents/guardians may delay seeking necessary mental health care, with children developing self-stigmatization, and endure discrimination. Self-stigmatization occurs when people with mental illness internalize the negative perceptions and stereotypes that are prevalent in society. This results in low self-esteem and robs them of quality of life. The Children's Well-being Collaborative will provide action, research, and education to the Agency for review to add to the work currently ongoing to reduce the stigma of mental illness.

- c. Distribute to the public the Agency-approved public awareness materials.**

YSS will lead the Collaborative, local communities, daycare centers, schools, and other entities to distribute Agency-approved public awareness materials. YSS has a well-staffed marketing and communications section that can generate well-documented awareness materials to develop educational materials for all reading levels about mental health, and child services within the identified geographic service area. This plan will be further developed as part of the draft plan for Agency approval and in the final agency approved plan.

- d. Provide updates on changes in state and federal policy in relation to prevention and early intervention efforts around children's mental health and well-being.**

The Collaborative will review and determine any recommendations that may improve upon 441 Iowa Admin. Code Ch. 24 Division II regulations for children's crisis mental health services and any recommended changes related to children's crisis services. Recommendations will be reviewed by the Collaborative member legal services.

- e. Provide culturally-competent services and address issues related to disproportionate representation.**

YSS has programs and staff that are culturally and linguistically competent. We address issues related to disproportionate representation through our Diversity Task Force and LGBTQ+ Youth Best Practice Committee, and foster care youth through the Achieving Maximum Potential (AMP)

Program. YSS trains staff and communities in Ethics, Cultural Competency, and Cultural Competency Skills for specific segments of the population such as working with the Islamic Community, and provides Safe Zone Training aimed at educating staff and the public on lesbian, gay, bisexual, transgender and question youth issues (LGBTQ+). YSS works to identify and provide services to youth who are marginalized through homelessness, crime, and gender identification, color of their skin, their belief structure, and country of origin, victims of sexual exploitation, sexual human and/or labor trafficking, and socio-economic status through our non-discriminatory service. Services are strength-based and individualized according to the needs of the children and their families; children are carefully screened and assessed at intake to ensure they are involved with the most appropriate treatment to heal and become whole emotionally, physically, socially and educationally. Additionally, we provide services in both English and Spanish.

f. Develop and provide primary, secondary, and tertiary prevention and early intervention services that are non-duplicative and aligned to meet the needs of children and families in the Geographically Defined Area.

Prevention and detection of mental illness in early childhood has a number of benefits, ranging from improvements in a child's and family's well-being to positive economic and social changes. Early intervention and prevention are identified with the following positive long-term outcomes (YSS *Children's Mental Health Crisis Services Planning Grant* (July 2017); *The Children's Mental Health Study Report*, (IA-DHS, December 14, 2016):

- Reduction in repeat visits to hospital emergency departments related to mental health by individual children.
- Decreases in the number of children experiencing (re)traumatization.
- A decrease in the number of children involved with the Iowa Department of Human Services and Juvenile Court Services in the Second Judicial District.
- Decrease in emergency child interventions in the school or at home.
- A reduction in the number of children temporarily removed from their home as a means of intervention and for the safety of a child living in an unhealthy environment.
- Improved well-being

Educating, instilling prevention methods and screening of children and families and providing therapy for child and / or parent results in increases in positive behavior in the school, home, and in the community, increased focus and success in school work, positive early childhood development, prevention of further crisis, improved community prevention and early intervention services and resources.

As the community needs and resources are assessed they will be categorized by the three levels of prevention and early intervention as well as duplication and alignment to meet the community need within the geographically defined service area. As stated in the *Children's Mental Health Study Report* (December 15, 2016, page 2), prevention services are designed to reduce problems, disorders and risk. As the resources are catalogued, the Collaborative will address the shortages of services and

develop strategies to provide prevention and early intervention services that improve the child's, the child's family and community's well-being.

Primary prevention strategies might be advertisement campaigns targeting the general population to destigmatize mental illness and introducing evidence-based curricula in the elementary schools. Strategies could target high risk populations by providing parent education, staff development, and skill building targeting at-risk children. The Collaborative will develop the primary prevention strategies to target the prevention of future cases of a mental and/or behavioral disorder.

Secondary prevention strategies may include training of school and childcare center staff to spot potential problems, screening for the highest at risk and referring for diagnosis and treatment in the early stages. Early intervention can help minimize the progression of one or more of these mental health issues.

Tertiary prevention strategies may include home visiting programs targeting children who already have a disorder by seeking to reduce or eliminate the negative impact of the disorder, and targeted parent education, and therapy. Additional strategies may include follow-up assessments through face-to-face meetings, by phone, electronic mail or by means of other communication methods on the effects of early prevention and education in early childhood development in reducing, minimizing, or limiting the effects of a disorder. Follow-up would be with families, stakeholders, childcare centers, schools and others involved with the Well-being Collaborative up to a year after identified evidence-based programs, therapy, child and family assessments have been in place to assess the effects of early childhood development the intervention and prevention activities.

In sum, the Collaborative will address, through assessment, what is happening in the community, the level of duplicative programs and assessments in the geographically defined area and determine where needs exists and develop a means to improve upon early childhood prevention and early intervention services.

1.3.1.3 Reporting.

The Contractor shall report to the Agency to facilitate Children's Prevention and Early Intervention Services in the State of Iowa. The Contractor's obligations in this regard include, but are not necessarily limited to, the following. The Contractor shall:

- a. Meet either telephonically, electronically or face-to-face with the Agency on a monthly basis during the entire Contract to review progress on Contract Deliverables.**

The Lead Entity will meet with the Agency monthly during the entire contract through an avenue determined by both the Agency and the Lead Entity.

- b. Provide a monthly written status report on the Contractor's progress toward meeting the Deliverables starting with the report for November 2017. Each monthly written status report is due to the Agency on the 10th day of the month following the month being reported.**

Monthly status reports will be written by the Lead Entity and provided to the Agency on the 10th day of the month following the month being reported starting with the report for November 2017. The report will provide progress towards meeting the deliverable along with notations on incidents that may be impairing the progress of the Collaborative.

- c. Meet with the children's mental health and well-being advisory committee as requested by the committee.**

The Lead Entity will meet with the children's mental health and well-being advisory committee as requested by the committee at a time and location determined by both the Agency and the Lead Entity.

- d. Submit an initial written report to the Agency by December 15, 2017, including information relating to the accomplishments and future plans of the Well-being Collaborative. The report shall provide detail regarding the Scope of Work Sections 1.3.1.1 through 1.3.1.2.**

The Lead Entity shall provide an initial written report to the Agency by December 15, 2017. The written report will include information relating to the accomplishments and future plans of the Well-being Collaborative and provided detail as per the Scope of Work Sections 1.3.1.1 and 1.3.1.2.

- e. Submit a final written report to the Agency by April 15, 2018, including information relating to the accomplishments and future plans of the Well-being Collaborative. The report shall provide detail regarding the Scope of Work Sections 1.3.1.1 through 1.3.1.2.**

The Lead Entity shall provide a final written report to the Agency by April 15, 2017. The written report will include information relating to the accomplishments and future plans of the Well-being Collaborative and provided detail as per the Scope of Work Sections 1.3.1.1 and 1.3.1.2.

1.4 Performance Measures.

The Contractor shall meet or exceed the following performance measures:

- a. Timely submission to the Agency of the draft and final work plans.**

YSS as the Lead Entity will provide timely submission of the draft and final work plans to the Agency as proscribed in this RFP.

- b. Timely submission to the Agency of the meeting minutes for the first in-person meeting with Well-being Collaborative members.**

YSS as the Lead Entity will provide timely submission of the meeting minutes of the first in-person meeting with the Well-being Collaborative members.

- c. Participate in the monthly meetings with the Agency 100% of the time.**

YSS as the Lead Entity will participate in the monthly meetings with the Agency 100% of the time.

- d. Reports shall be submitted by the required due dates 100% of the time.**

YSS as the Lead Entity will submit reports as required by the due dates 100% of the time.

- e. **Meet with the children's mental health and well-being advisory committee as requested 100% of the time.**

YSS as the Lead Entity will meet the children's mental health and well-being advisory committee as requested 100% of the time.

1.5 Agency Monitoring Activities.

The Agency Contract Manager and/or other Agency Representative(s) will:

- a. **Review the draft work plan and provide timely edits to the Contractor if applicable.**
- b. **Monitor for adherence to the final work plan.**
- c. **Review the draft public awareness materials and provide timely edits to the Contractor if applicable.**
- d. **Participate in the monthly meetings with the Contractor.**
- e. **Monitor for timely submission of the reports.**
- f. **Provide suggestions and feedback on the content presented in the reports.**
- g. **Attend at least one meeting of the Well-being Collaborative either in person or by phone.**

This section is not addressed in the application as "Bidders do not need to address any responsibilities that are specifically designated as Agency responsibilities" (page 15 of 51, *1st amendment with tracking 18-001, August 3, 2017*).

1.3.2 Contract Payment Methodology.

The Contractor shall be paid an amount not to exceed \$100,000.00. Payments will be in seven (7) installments based on Milestone accomplishments as indicated below. Payments will be dependent upon the successful completion and Agency approval of each Milestone.

- a. **Milestone 1 – \$20,000.00**

Milestone 1 includes:

- **Execution of a Contract for services under this RFP.**
- **Timely submission of the Agency approved final work plan.**

YSS as the Lead Entity will provide timely submission of the draft and final work plans to the Agency as proscribed in this RFP.

- b. **Milestone 2 – \$10,000.00**

Milestone 2 includes:

- **Hold first in-person meeting with Well-being Collaborative members no later than 11/17/2017 and provide documentation of the meeting to the Agency.**

The Lead Entity will hold the first in-person meeting with the Well-being Collaborative members no later than 11/17/2017 and provide documentation of the meeting to the Agency.

- c. **Milestone 3 – \$10,000.00**

Milestone 3 includes:

- **Timely submission of the monthly written status reports, which show completion of the tasks due and the progress made toward ongoing tasks, regarding the tasks described in the draft/final work plan, for the months of November and December 2017.**

Monthly written status reports will be delivered to the Agency by YSS as the Lead Entity for the months of November and December 2017 in a time frame determined by the Agency. The status reports shall include tasks completed and the progress of each task identified in the draft and final work plan in addition to notations on incidents that may impair the progress of the work plan.

d. Milestone 4 – \$10,000.00

Milestone 4 includes:

- **Timely submission of the monthly written status reports, which show completion of the tasks due and the progress made toward ongoing tasks, regarding the tasks described in the final work plan, for the months of January, February and March 2018.**

At a date determined by the Agency, the Lead Entity shall deliver the required monthly status reports of tasks described in the final work plan for the months of January, February and March 2018. These reports will be inclusive of all tasks completed, in progress and accomplished as identified in the final work plan and include notations on incidents that may be impairing the progress of the work plan.

e. Milestone 5 – \$10,000.00

Milestone 5 includes:

- **Timely submission of the monthly written status reports, which show completion of the tasks due and the progress made toward ongoing tasks, regarding the tasks described in the final work plan, for the months of April, May and June 2018.**

At a date determined by the Agency, the Lead Entity shall deliver the required monthly status reports for April, May and June of 2018. The reports will address all tasks completed, in progress and accomplished as part of the final work plan and include notations on incidents that may be impairing the progress of the work plan.

f. Milestone 6 – \$20,000.00

Milestone 6 includes:

- **Timely submission to the Agency of the initial written report that complies with the requirements in Section 1.3.1.3(d) due to the Agency by December 15, 2017.**

YSS as the Lead Entity shall provide a timely submission to the Agency of the initial written report that complies with the requirements in Section 1.3.1.3(d) due to the Agency by December 15, 2017.

g. Milestone 7 – \$20,000.00

Milestone 7 shall include:

- **Timely submission to the Agency of the final written report that complies with the requirements in Section 1.3.1.3(e) due to the Agency by April 15, 2018.**

YSS as the Lead Entity shall provide a timely submission to the Agency of the final written report that complies with the requirements in Section 1.3.1.3(e) due to the Agency by April 15, 2018.

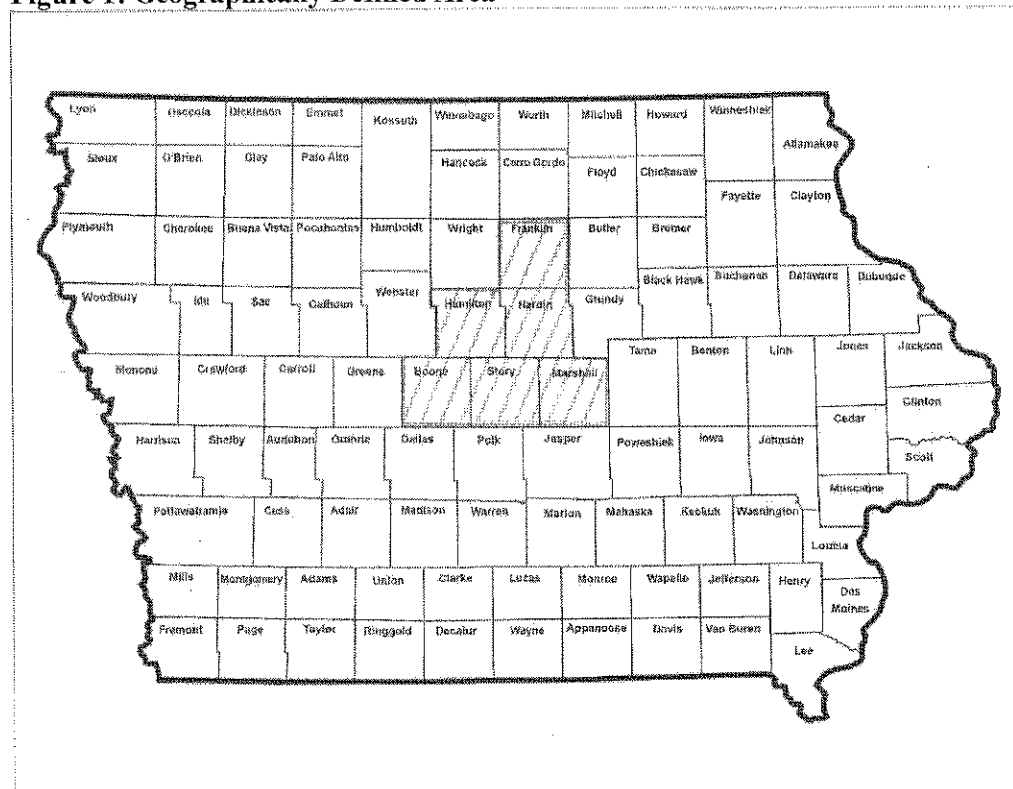
Information Bidder Must Submit That is Specific to this RFP.

TAB 4A

3.2.4.1 Bidders shall submit a description of the Geographically Defined Area formed for the purposes of applying for the RFP. This includes, but is not limited to, Counties included in the Geographically Defined Area showing the Rural and Urban designations of each county. Bidders should put this material behind a tab labeled 4A.

The geographically defined area to develop the Children's Well-being Collaborative is the six contiguous Central Iowa counties of Boone, Franklin, Hamilton, Hardin, Marshall and Story (Figure 1). YSS has community-based offices in Boone, Marshall and Story Counties and has provided child services to all counties in the geographically defined area and their communities for over 41 years.

Figure 1: Geographically Defined Area



As per the definition of "Urban" in the RFP as a "county that has a total population of 50,000 or more residents or includes a city with a population of 20,000 or more" three counties in the geographically defined area are rural (Franklin, Hamilton, Hardin) and three are urban (Boone, Marshall and Story). The counties differ in the population, child population, child poverty, changes in population composition, the percent of children eligible for the Federal Free and Reduced Lunch Program, food aid, such as the Supplemental Nutrition Assistance Program, changes in the number of single parents in each county, and the availability of crisis and other services for children and families experiencing ongoing or episodic events in their lives.

Demographics of the Geographically Defined Areas of Boone, Franklin, Hamilton, Hardin, Marshall and Story Counties

The target population for the Collaborative is children in early childhood development, ages 0-8, their families, and communities. From the review of the available reports *Children's Mental Health Crisis Services and Children's Well-being Learning Labs Report* (January 15, 2017) and the YSS *Children's Mental Health Crisis Services Planning Grant* (July 2017) it is readily apparent that there is a gap of services for children in early childhood, especially for small and underserved areas such as the rural counties of Franklin, Hamilton and Hardin who, for some services, must drive more than 70 miles for mental health care, intervention, and follow-up therapy services. YSS reports in their findings (page i-ii):

- The number of young children (0-12) with serious mental health conditions has increased in recent years.
- There is a lack of comprehensive training on children's mental health.
- The lack of providers who attend to and screen young children limits treatment options.
- Parents face significant challenges in obtaining diagnoses and treatment for young children.
- **Many providers do not feel comfortable diagnosing young children (page 5-6).**

One mental health administrator expanded on the last bulleted point stating:

Psychiatrists are very nervous about all the work that it takes to see kids and they're also nervous about litigation and they don't want to get pulled into court as a witness for a case, all those kinds of this applies. . .

While previous studies have focused on older youth (ages 10 and up) this Collaborative is focusing on youth in early childhood to fill a gap of early assessment and treatment for children with behavioral or potential behavioral/mental disorders with the intent of developing or adopting early prevention with implementation region-wide using screening tools easily administered in the home, daycare, and in schools for children ages 0-6, in grades Pre-K through 2nd grade. It is imperative to identify potential mental and physical challenges early for early treatment for greater success in all aspects of a child's and family's success now and in the future.

Another aspect the Collaborative may address is LGBTQ+ issues of very young children. It is estimated that 10 percent of the population identifies as LGBTQ+. Being straight, gay, lesbian, bisexual, transsexual or sexually fluid is not something that a person can choose or choose to change. Although no one fully understands exactly what determines a person's sexual orientation, it is likely explained by a variety of biological and genetic factors. Medical experts and organizations such as the American Academy of Pediatrics (AAP) and the American Psychological Association (APA) view sexual orientation as part of someone's nature. Being gay is also not considered a mental disorder or abnormality (*Here's What We Know About the Science of Sexual Orientation*, Michael Sean Pepper and Beverley Kramer, 2015).

Steven Dowshen, MD provides relevant information on the development of infants to toddlers to early childhood and the interactions children have in the discovery of self, their bodies and gender

awareness. Gender awareness develops in a child by 2 to 3 years of age along with a growing understanding of gender roles associated with masculinity and femininity (*Understanding Early Sexual Development*, Steven Dowshen, Kids Health, October 2014). For LGBTQ+ children this can be a confusing time as a child sexually assigned a girl at birth may take on the characteristics of a boy in early childhood dressing in male clothing, playing with sticks and with male toys rather than dressing in female clothing and playing with dolls. Parental and social awareness and acceptance of a child at every stage and however a child identifies sexually early in life will work to a child's health and well-being as the child develops healthy attitudes and confidence in self rather than becoming sexually repressed, hidden, embarrassed, intimidated or feel alienated as many LGBTQ+ do feel resulting in the development of mental illness such as depression, developing behavioral disorders, and for many youth who do not feel accepted, attempting or being successful in suicide.

Poverty

The link between poverty and mental health is well known (*Why should mental health have a place in the post-2015 global health agenda*, P. McGovern, Int J Mental Health Syst. 2014 Oct 11 8(1):38). Most mental health surveys suggest that an increased rate of mental health problems in children occur in families with low incomes compared to those in better-off households (1 in 6, compared to 1 in 20) (*End Child Poverty*; Unhealthy Lives, 2008). Further, mental illness itself is a significant contributory factor to child poverty. Michelle Sherman (*Reaching Out to Children of Parents With Mental Illness*, Social Work Today, Sept/Oct 2007) found that 68 percent of women and 57 percent of men with a mental illness are parents. In addition, many children live with a parent who has long-term mental health problems, as well as alcohol or drug problems and personality disorders. Given the huge over-representation of unemployment and benefits' dependence amongst those with mental illness, this represents a significant number of children living in financially challenged households.

Poverty is apparent in all counties in the Geographically Defined Area in the proposal as the following tables demonstrate. For example, **Table 5** shows the increase in the number of single-parent households over time. Single-parent households are primarily *females* as head of households, households generally lacking in financial and other resources to cover the costs of housing, food, and medical care. The following tables highlight the changing landscape of poverty and families in the geographically Defined Area from 2000 to 2000-14/15 (*Kids Count*, Family Policy Center, 2016).

Table 1: Child Population in Geographically Defined Area

County	2014 Child Population	% Under 18	% Under 6	% Change 2000-2014 of Child Population
Boone	6,003	23.1	7.4	-7.9
Franklin	2,378	23.2	5.4	-8.3
Hamilton	3,470	22.5	6.6	-17.0
Hardin	3,643	22.7	6.5	-21.6
Marshall	10,184	25.1	9.0	2.6

County	2014 Child Population	% Under 18	% Under 6	% Change 2000-2014 of Child Population
Story	16,133	17.5	6.0	5.8
IOWA		23.6	7.7	-1.0

Table 1 shows an overall decrease in the number of children in each county. These figures vary widely from the Iowa change in child population showing an overall decrease in Iowa youth by one (1) percent.

Table 2: Child Poverty in the Geographically Defined Area

County	Year: 2000		Year: 2015		% Change 2000-2015
	Number of Children (< 18)	% Children in Poverty	Number of Children (< 18)	% Children in Poverty	
Boone	6,124	8.9	5,615	11.4	27.7
Franklin	2,455	9.9	2,325	17.3	74.7
Hamilton	3,957	9.2	3,432	15.6	70.1
Hardin	4,188	11.7	3,410	16.5	41.1
Marshall	9,561	13.2	10,026	17.3	31.1
Story	14,653	7.2	15,970	9.5	32.1
IOWA					37.7

Table 2 shows a significant increase in child poverty in Franklin and Hamilton Counties. Of interest, both counties are rural and show fewer children from 2000-2015.

Table 3: Single Parent Households in Geographically Defined Area

County	Year: 2000		Years: 2011-2015		% Change 2000 to 2011-2015
	Families with Children	% Single Parents	Families with Children	% Single Parents	
Boone	3,354	22.2	2849	28.4	27.8
Franklin	1,320	21.5	1,283	35.6	65.6
Hamilton	2,116	22.7	1,740	24.5	8.2
Hardin	2,320	22.5	1,657	22.3	-0.9
Marshall	5,001	28.2	4,539	31.6	11.9
Story	8,194	18.8	8,419	21.5	14.2
IOWA		30.3		34.9	25.2

Table 3 shows an *increase* in single-parent households in each county from 2000 to 2011-2015. With Hamilton showing the least amount of change, single-parent households decreased slightly in Hardin County and significantly in Franklin County with a 65.6 percent *increase* in the percent of single-parent households.

Table 4: Individuals Receiving Supplemental Nutritional Assistance Program (SNAPS) in the Geographically Defined Area

County	2000 Total Population	% in SNAPS	2015 Total Population	% in SNAPS	% Change 2000-2015
Boone	26,224	2.9	26,643	9.4	217.9
Franklin	10,704	3.0	10,292	10.7	255.7
Hamilton	16,438	3.1	15,190	10.7	239.3
Hardin	18,812	3.5	17,367	11.7	230.3
Marshall	39,311	5.7	40,746	15.5	173.4
Story	79,918	1.9	96,021	6.1	216.3
IOWA		4.3		12.4	192.0

Table 4 shows sharp increases in all counties on the reliance of governmental support for basic food stuffs needed for life. SNAPS is used by two-parent working families, single-parent families and all individuals who cannot make ends meet to buy food for themselves and/or their families. Children in families relying on this program are commonly food insecure not knowing from day to day if they will be fed resulting in anxiety, panic, depression and other markers of mental illness.

Table 5: Children Eligible for the Federal Free and Reduced Lunch Program (FRLP) in the Geographically Defined Area

County	2000-2001 K-12 population	% FRLP	2016-2017 K-12 population	% FRLP
Boone	4,202	29	3,517	36
Franklin	1,861	26	2,781	50
Hamilton	2,914	32	2,510	44
Hardin	3,252	18	2,880	41
Marshall	6,658	20	6,700	50
Story	10,847	23	10,872	26
IOWA				41

In Table 5, notice that in *every county*, the percent of children eligible for the free and reduced lunch program has markedly *increased* from the 2000-2001 school year to the 2016-2017 school year.

The information from these tables may be indicative of the growing increase in mental illness and unhealthy living environments for children as well as for parents. The lack of resources such as safe, affordable housing, food, secure employment with living wages increases child and family problems and often times leads to child behavioral disorders, ADHD, depression, panic, toxic fear, anxiety and even spectrum autism, as well as other mental health disorders. Parents unable to make ends meet commonly suffer from anxiety, panic, and depression resulting at times, in child neglect, sexual abuse, physical abuse, and parental substance use disorders. (J. Lawrence Aber, N.G. Bennett, D.C. Conley, J. Li: *The Effects of Poverty on Child Health and Development*. Annual Review of Public Health, Vol. 18: 463-483, May 1997).

TAB 4B

3.2.4.2 Bidder's shall submit a description of the Well-being Collaborative formed for the purposes of applying for this RFP. Well-being Collaboratives shall consist of at least three (3) entities in addition to the Lead Entity. Required entities in the coalition include a child-serving Integrated Health Home and a provider of community-based children's mental health services in the Geographically Defined Area. Bidders should put this material behind a tab labeled 4B.

The Lead Entity for the Children's Well-being Collaborative is YSS. The YSS Organization includes Integrative Health Services. The Integrated Health Services (IHS) is a free program available to support existing services for Medicaid-eligible children and youth with a mental health diagnoses. IHS is composed of a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). YSS provides community-based children's mental health services in the Geographically Defined Area.

Collaborators with YSS include BooST Together for Children, the Central Iowa Community Services (CICS) Mental Health and Disabilities Service Region, and Lutheran Services in Iowa (LSI). Each Collaborator provides assistance and/or funding for community-based children's mental health services. In addition, LSI provides Pediatric Integrated Health Services in one of the project's geographically defined area - Franklin County.

The YSS collaboration with BooST, CICS, and Lutheran Services brings together a collective of successful paralleling and complimentary short- and long-term programs and services benefiting children, youth, their families and communities. As we progress through this project, we anticipate the growth of the Collaborative to include participation with stakeholders from each of the counties in the Geographically Defined Area including school districts, physicians, therapists, clinics and daycares looking to improve the outcomes of children with mental, physical, or behavioral health concerns in their communities and throughout Iowa.

The Collaborative focus is children in early childhood development, ages 0-8 years of age. YSS along with the Collaborators have been working in early childhood development as part of their organizational missions. Together, the Collaborative brings over 200 years of experience working with at-risk children, families at all socio-economic statuses and in partnerships with other entities for a positive impact to a child, family, and community. Programs and services provided by each entity are community-based, family centered, family driven and youth guided. Each entity is trauma informed and culturally and linguistically competent in providing services to children and families from all walks of life.

TAB 4C - Information Bidder Must Submit That is Specific to this RFP.

3.2.4.3 Memorandums of Understanding (MOU) / Letters of Support

Letters of Support are presented in Section 3.2.5.1.4 of this document. Memorandums of Understanding from Collaborators follow as **Figure 2** and from: BooST Together for Children, the Central Iowa Community Services Mental Health and Disabilities Service Region, and Lutheran Services in Iowa.

Figure 2: Memorandums of Understanding



Children's Well-being Collaborative

Memorandum of Understanding

I. Purpose

The purpose of this agreement is to reflect joint collaboration with Youth and Shelter Services, Inc. (YSS) in the development of a children's well-being collaboration in a six-county geographic area of the following contiguous counties: Boone County, Franklin County, Hardin County, Hamilton County, Marshall County, and Story County. Organizations working in the Children's Well-being Collaborative will work to build and improve the effectiveness of Prevention and Early Intervention for the short- and long-term well-being of children and families by using sound public health principles of prevention and population health.

II. Scope of Services Provided by the Collaborative Member

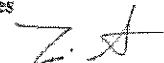
Children receive the following services funded through BooSt Together for Children: Preschool Tuition Assistance, Home Visiting, Child Care Nurse Consultation, Child Care Consultation, Crisis Care, and Parent Education Classes.

In addition to being a funder of early childhood services BooSt Together for Children works through the statewide Early Childhood Iowa initiative to promote integrated and coordinated services to children from birth through age five.

II. Collaborative Member Responsibilities

BooSt Together for Children desires to participate in the Children's Well-being Collaborative planning and implementation in the development of improving the effectiveness of Prevention and Early Intervention for the short- and long-term well-being of children and families in the six-county geographic area.

IV. Signatures



Authorized Representative Signature

Travis Starr, BooSt Together for Children Board Chair
Printed Name

8/4/17

Date



YSS Authorized Representative Signature

Andrew Allen

Printed Name

8/18/17

Date

Children's Well-being Collaborative

Memorandum of Understanding

I. Purpose

The purpose of this agreement is to reflect joint collaboration with Youth and Shelter Services, Inc. (YSS) in the development of a children's well-being collaboration in a six-county geographic area of the following contiguous counties: Boone County, Franklin County, Hardin County, Hamilton County, Marshall County, and Story County. Organizations working in the Children's Well-being Collaborative will work to build and improve the effectiveness of Prevention and Early Intervention for the short- and long-term well-being of children and families by using sound public health principles of prevention and population health.

II. Scope of Services Provided by the Collaborative Member

Central Iowa Community Services (CICS) is responsible for coordinating mental health and disability services (MHDS) that are not funded by Medicaid. Services include service coordination, a crisis line, information and referral, and financial support. CICS cover a ten county region in central Iowa that includes the six counties to be served by this grant.

III. Collaborative Member Responsibilities

CICS desires to participate in the Children's Well-being Collaborative planning and implementation in the development of improving the effectiveness of Prevention and Early Intervention for the short- and long-term well-being of children and families in the six-county geographic area.

IV. Signatures

Jody Eaton
Authorized Representative Signature

August 14, 2017
Date

Jody Eaton, CEO, CICS Region
Printed Name

[Signature]
YSS Authorized Representative Signature

8/15/17
Date

[Signature]
Printed Name



Children's Well-being Collaborative

Memorandum of Understanding

I. Purpose

The purpose of this agreement is to reflect joint collaboration with Youth and Shelter Services, Inc. (YSS) in the development of a children's well-being collaboration in a six-county geographic area of the following contiguous counties: Boone County, Franklin County, Hardin County, Hamilton County, Marshall County, and Story County. Organizations working in the Children's Well-being Collaborative will work to build and improve the effectiveness of Prevention and Early Intervention for the short- and long-term well-being of children and families by using sound public health principles of prevention and population health.

II. Scope of Services Provided by the Collaborative Member

Children receive the following services through Lutheran Services in Iowa: Crisis Child Care, Parents as Teachers home visiting services, PMIC services, and counseling services.

Lutheran Services in Iowa offers a variety of programs and services to assist children and families who have behavioral health concerns. The programs and services are offered on both an inpatient and outpatient basis and include individual therapy for youth, family and group therapy as well as various kinds of psychological testing.

III. Collaborative Member Responsibilities

Lutheran Services in Iowa desires to participate in the Children's Well-being Collaborative planning and implementation in the development of improving the effectiveness of Prevention and Early Intervention for the short- and long-term well-being of children and families in the six-county geographic area.

IV. Signatures


Authorized Representative Signature

8-13-17
Date

Nancy Kravce
Printed Name


YSS Authorized Representative Signature

8/15/17
Date

Andrew Allen
Printed Name

TAB 4D

3.2.4.4 Written description of the Well-Being Collaborative members' experience in:

- **Experience and ability in providing Prevention and Early Intervention Services.**

YSS

YSS has over 25 years of providing prevention and early intervention services to children, youth, and adolescents. Led by Gerri Bugg, the YSS Community Youth and Family Development (CYFD) branch focuses on giving children and young people the chance to build assets, exercise leadership, form partnerships with caring adults, and provide services to others. It acknowledges that youth have much to contribute and are resources in building communities. CYFD programs specific to this proposal include Early Intervention, Substance Use Prevention and Education Programs, Healthy Futures, Stork's Nest, and the Family Development and Self-Sufficiency Program.

- Early Intervention: These services are provided to children, parents and through the schools. Trained counselors are available to meet with children and his/her family. In addition, a team works with parents/guardians, friends, and children, and young students who are impacted by a crisis or tragedy. Many programs, such as suicide prevention, are available to schools, youth groups, and parents/guardians. In presentations, warning signs are clearly stated and appropriate actions are discussed.
- Substance Use Prevention and Education Programs: Programs are offered to all age groups with special emphasis on children and their parents. All programs are research-based to ensure result-based outcomes. Elementary students learn about the dangers of tobacco, alcohol and other drugs through a variety of effective programs.
- Healthy Futures: This collaborative effort is facilitated by YSS. At-risk pregnant mothers are identified with the assistance of the medical community. Intervention, education, and support are provided through birth and early childhood years. Due to the effectiveness of the program, we are now engaging more fathers in the program.
- Stork's Nest: This is an incentive-based system where mothers earn points by keeping doctor appointments, meetings with Women, Infants, and Children (WIC) coordinators, and other activities that help keep their babies healthy. The points can be used to "buy" items at the Stork's Nest store like diapers, car seats, cribs, clothing and other infant related items.
- Family Development and Self-Sufficiency Program (FaDSS): FaDSS services assist Family Investment Program (FIP) families with significant barriers to reaching self-sufficiency. FaDSS provides intensive case management through certified Family Development Specialists. The core components of FaDSS are home visits, assessment, short and long-term goal setting, referral, and advocacy. A drop-in center provides a warm family atmosphere that welcomes parents and their children.

BooST for Children in Early Childhood (BooST)

BooST is the Early Childhood local area board (ECI) for Boone and Story Counties. It was formed as a joint board in 2012, ten years prior to that, separate Boone and Story County Empowerment Boards administered state funds to promote and support children from birth to five years of age in early intervention services. One of the legislated roles of Early Childhood Iowa is to help local areas collaborate around early childhood issues. There are four different local ECI boards in the six county area covered by this grant. BooST is a member of the central Iowa ECI region and is in regular contact with their staff members. ECI also has regular statewide meetings where all the grant recipients can share their plans and implementation strategies to improve the mental health and well-being of children birth to age five.

BooST provides funding for home visiting programs, preschool tuition assistance, child care consultation, parent education groups; provide direct assistance for parents of infants and toddlers, and training for child care providers. BooST funds are also used to:

- Enhance the quality and capacity of child care. Funds are used to support recruitment of providers, child care for mildly ill children, second or third shift and infant care, quality improvements for center and home based providers, and support for registration and licensure, and
- Funds are used to address preschool access for low-income families, family support and education (including home visitation services), and other early care, health, and education issues.

Central Iowa Community Services Mental Health and Disabilities Region (CICS)

CICS is a 10-county wide region that works to develop support for people with mental health concerns and developmental disabilities. CICS supports individuals and strengthens communities by serving the unique needs of individuals with mental health and intellectual and other developmental disabilities. Access points are provided in the following counties of the CICS Region – six of which lie within the geographically designated area in this proposal (bolded): Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, and Warren Counties. CICS is excited to be part of the Collaborative as if YSS is successful in obtaining a Contract; the results of the Collaborative will be implemented throughout the CICS 10-county Region.

CICS identified Mental Health First Aid (MHFA) training for the general public as an important tool for prevention. Trainings are offered in each member county through CICS by certified trainers. CICS also provides assessments and evaluations by a mental health professional who determines the current functioning of an individual in regards to the individual's situation (includes children), needs, strengths, abilities, desires and goals to determine the appropriate level of care. CICS provides Public Education to increase the awareness and understanding of the causes and nature of conditions or situations which affect a person's functioning in society including prevention activities, and public awareness activities.

Lutheran Services in Iowa (LSI)

LSI has a long-established, 150 year history in the care and support of children and families. Lutheran

Services partners with children, youth and families, people with disabilities, the elderly and people of refugee status. LSI helps people in times of need, strengthen family communications and relationships, and advocates dignity and social justice for neighbors in the community. Lutheran Services in Iowa provides preventative services to pregnant women and families to ensure the health of the mother, child, and family. Preventative services include:

- **In-Home Programs:** LSI specialists work with the individual and family to answer questions, provide support and encouragement, share information and help parents become more effective in their parenting of a young child. Visits can begin before the child is born and last until aged 3 or 4.
- **Resources & Drop-In:** The People Place is a family resource center with classes, drop-in day cares and parenting groups. It is open to any parent in Story County of the surrounding areas and has many classes on topics such as positive discipline, child development, special needs, and other subjects. LSI also provides individuals and families with information on how to connect with community resources. Examples include finding an affordable before and after school program for their child/children, utility or rental assistance, food pantries, a wellness program, health or dental clinics and a support group.
- **Effective engagement of children and families to achieve positive mental health and wellbeing outcomes.**

YSS

YSS has a rich history in the effective engagement of children and families to provide mental health services and prevention for the positive wellbeing outcomes through several avenues. YSS works with community partners, such as the National Alliance on Mental Illness, to provide information and services for youth who may have, or show signs of, mental illness as well as working collaboratively to develop effective means to de-stigmatize mental illness. We work with schools, in the community and with local, state and federal governments to develop and implement plans to eliminate and/or reduce mental illness in children. We provide therapy to children and families to improve a child's well-being and mental health. Referrals are provided to parents experiencing mental illness so they may heal and improve family relationships. Through our programs in community-based outpatient treatment services, in-home counseling and skills development services, Integrated Health Services (HIS), and Emergency Sheltering we work in partnership with local hospitals, therapists, state liaisons, and community service organizations to ensure the 'whole' of the child is treated.

- **Community-Based Outpatient Treatment Services:** Therapy and Psychiatric Treatment Services are offered in a local community based office setting. Counseling or therapy as well as psychiatric medication evaluation and management are offered to assist children and families to work together to identify psychological, emotional, or behavioral difficulties, substance use in the home, and work to resolve them. Because services are offered locally and available on-site in many local schools districts, we are able to coordinate care and transition youth to the appropriate resources. In addition, YSS has trained child psychiatrists who can work either on site or through

Telehealth to assess and treat children; *Telehealth* is the provision of healthcare remotely by means of telecommunications technology:

- In-Home Counseling and Skill Development Services: These services generally involve a counselor meeting with a family and/or child in their home to provide therapy and skill development to help define and stabilize the roles of individual family members, build health communication patterns, and re-establish or enhance nurturing relationships. Such services help families function better, and can be used in conjunction with other types of treatment.
- Integrated Health Services (IHS): IHS is a free program available to support existing services for Medicaid-eligible children and youth with a mental health diagnoses. The YSS IHS team consists of a Care Coordinator, Family Support Specialist, and a Nurse Care Manager who work with the child, the child's parent/guardian and their providers to streamline care needs. IHS is designed to improve access to behavioral health and medical care, the youth's overall health care experience, and improve the medical and behavioral health outcomes.
- Emergency Shelter: Rosedale Emergency Shelter provides a temporary safe place for children when, for a variety of reasons, they cannot continue to stay at home. Shelter placements are an opportunity to assess the status of the youth and his/her family so that further referrals can be made to the appropriate level of care. Family mediation services are provided within 24 hours of placement. A 24-hour help phone line provides information, intervention, and/or referral services to children and families.

BooST

The priorities of BooST are:

- Provide coordinated prenatal and postnatal services.
- Provide educational training and support for parents and early childhood providers.
- Provide affordable, quality, accessible child and infant care.
- Provide affordable, quality, accessible early childhood experiences.

Part of the BooST priorities is the effective engagement of children and families to achieve positive mental health and wellbeing outcomes. This includes the development of a system that works to identify and treat children who have mental health disorders, and their families. The goal is to provide early access to a comprehensive system of care of mental health services and supports for children and their families. The BooST plan to develop a comprehensive system of care includes:

- Provide mental health services based on the needs of the child and their family.
- Provide services that are community-based and collaborative, culturally sensitive and responsive to the populations being served.

- Provide services in natural settings whenever possible, such as in the home setting.
- Addressing issues such as disruptions and impairments between parents and children, or circumstances in which a child's social and emotional development has deviated significantly from typical behavior.
- Ensure all alternative interventions and means to work through a child/family crisis are assessed prior to removing a child from the home.
- Ensure children with mental health concerns are not placed in juvenile justice when other means are available to treat mental health illness are available outside of the judicial system.

Central Iowa Community Services Mental Health and Disabilities Region (CICS)

CICS supports individuals and strengthens communities by serving the unique needs of individuals with mental health and intellectual and other developmental disabilities. Access points are provided in the following counties of the CICS Region – six of which lie within the geographically designated area in this proposal (bolded): **Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story,** and Warren Counties. CICS is excited to be part of the Collaborative as if YSS is successful in obtaining a Contract; the results of the Collaborative will be reviewed for implementation throughout the CICS 10-county Region. Services targeting mental health include:

- Health Homes: Health Homes facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions in physical, behavioral, and maintaining mental health.
- Mental Health Inpatient Treatment: 24-hour settings that provide services to treat acute psychiatric conditions. The primary goal is to provide a comprehensive evaluation, rapidly stabilize symptoms, address health and safety needs and develop a comprehensive and appropriate discharge plan.
- Twenty-Four Hour Crisis Response: A program designed to stabilize an acute crisis episode which is available 24-hours a day, 365 days a year.

LSI

LSI provides several services and opportunities to children and their families working to understand and help their child through mental health concerns and physical concerns. These services include:

- Pediatric Integrated Health: This is a new program of LSI developed to manage a child's medical and mental health needs. The Pediatric Integrated Health service is a team of LSI professionals who gather everything about a child's total health, his/her health history, parental concerns, and partners with the parent and child to address those concerns through the team. This service is currently only offered in one of this projects geographically defined area – Franklin County.

- Improving Behaviors: Staff makes in-home visits and teaches a child experiencing behavioral difficulties how to improve behavior with the goal of preventing bigger problems down the road, such as involvement with juvenile court or an out of home placement.
- Crisis Child Care: 72 hours of crisis child care is provided in Story and Boone Counties. This program is for any family facing a crisis, such as a medical emergency, homelessness, or critical stress, and who has no other available child care options or support system.
- Crisis Intervention: The goal of this program is to prevent out-of-home placements and prevent involvement with the Department of Human Services or Juvenile Court Services.
- Shelter Care: Emergency beds are available in the city of Waverly (Woodhaven Shelter) for youth who aren't in the care of the welfare system, but are facing a family crisis include a mental health crisis. Family sessions and skill-building to help reunify families are implemented over the course of one to 15 days.
- **Experience and effectiveness in coordinating the efforts of multiple stakeholders working toward a common goal for the purposes of collaboration to improve the effectiveness of the group's efforts to achieve measurable improved outcomes.**

YSS

YSS recently successfully completed the MHDS 17-005 project in convening and completing an effort in which a broad group of community stakeholders in Northern Iowa participated in collaboration with the University of Northern Iowa. Children's mental health issues have been a focus and passion at YSS for many years. The successful application of the Children's Mental Health Crisis planning grant last year allows us to continue advocating for a children's system and present a specific plan developed by the community for the community in north central Iowa. The Children's Mental Health Crisis Planning Work Group acted upon the consistent messages from judges to school Social Workers to hospital personnel regarding the limited services for children in crisis under the age of 12, with Severe Emotional Disturbance (SED), in north central Iowa. The outcome of the Coalition led by YSS was the engagement of a large cross section of community members in a thoughtful, solid, research based, plan for intervening and supporting children and families who are in crisis. A formal report recommending funding and an evidenced based model to adequately serve youth in crisis decreasing hospitalizations and Emergency Department visits for behavioral health issues was presented to the community on August 10th, 2017. Local and State public officials attended as did media to understand the need. The project was an overwhelming success lead by YSS.

BooST, CICS, and LSI all have years of experience coordinating in collaboratives, in coalitions, with their local community organizations, local, state, and the federal government as well as working independently in community organizations to improve the lives of all children - the most vulnerable population to exposure to mental illness, addiction, physical and mental abuse, neglect, and abandonment. We have all worked collaboratively in the schools providing prevention/education

curriculums and presentations, and have collectively helped tens of thousands of children achieve their goals in being healthy mentally, spiritually and physically along with making positive impacts in their families to the benefit of the child, family, and community. Healthy Children, accepted, appreciated and treated with respect are productive, engaged individuals willing to give back to the community.

TAB 5

3.2.5 Bidder's Background

3.2.5.1.1 Technical Experience

Updated in 2016 as a concise reflection of our core purpose of the last 41 years, the mission of YSS is to create hope and opportunity by putting kids first. The updated vision is "a world where youth are valued and empowered to stand strong".

Founded in 1976 as the first homeless shelter in Iowa, YSS has expanded its scope of services over the past 41 years to create greater impact on the lives of Iowa's youth. YSS has evolved into one of Iowa's largest and most respected youth focused nonprofit social service organizations with seven (7) community based family service centers located in Boone, Cerro Gordo, Hamilton, Marshall, Polk Counties and two communities in Story County. In addition YSS manages two statewide contracts with the Department of Human Services serving youth in all 99 Iowa counties. Today, YSS is a far-reaching regional network helping transform the lives of more than 6,000 youth annually through direct service in our programs and over 10,000 youth through our prevention/education services.

From infancy to independence, YSS believes in the power of potential. Our comprehensive approach includes evidence based programing and services emphasizing trauma informed care in the areas of prevention, treatment, and transition including:

- 24/7 crisis line
- Aftercare services for youth aging out of foster care
- Before and after school and summer K-6th programming
- Care coordination of mental health care and programming through Integrate Health Services
- Comprehensive prevention education in schools
- Counseling and therapy for youth and families
- Education/prevention
- Emergency shelter for homeless youth
- Families' crisis intervention services
- Family development and self-sufficiency services
- Foster care and adoption services
- HIV/AIDS prevention
- Human trafficking prevention education
- In-school and community-based mentoring
- Medication management
- Prenatal and parenting education
- Residential and outpatient substance use disorders treatment
- Transitional housing for youth adults and pregnant or parenting mothers up to age 25

Our staff includes 427 employees. We have rich diversity in our direct service staff working with youth

who are professionally licensed and experienced in mental health and substance use disorders. YSS employees work tirelessly every day to help children put order in their lives on their way to becoming self-sufficient, healthy and happy kids growing into healthy and happy adults.

3.2.5.1.2 Similar Services to Business or Governmental Entities provided within the last 24 months

Project Title	Children's Mental Health Crisis Services Planning
Project Role	Primary Contractor
Name of client Agency or Business	Iowa Department of Human Services
General description of the Scope of Work	Development of a plan to build a successful children's mental health crisis services plan in the North Central Iowa for Cerro Gordo, Chickasaw, Floyd, Hancock, Mitchell, Winnebago, and Worth Counties
Duration	2016-2017
Contract Value	\$150,000
Services provided timely and within budget	Yes
Damages, Penalties, disincentives assesses, anything of value traded or given up by the Bidder at or above \$500,000	N/A
Administrative or Regulatory Proceeding or adjudicated matters related to this services to which the Bidder has been a party	N/A
Contact Information	Suzanne Fross
Address	Iowa Department of Human Services 1305 E. Walnut Street, 5 th Floor Des Moines, IA 50319
Phone	(515) 725-2235
email address	sfross@dhs.state.ia.us

Project Title	Story County Stork's Nest Program
Project Role	Primary Contractor
Name of client Agency or Business	BooST Together for Children – Boone and Story Counties ECI Area
General description of the Scope of Work	To provide group education sessions, community referrals, and support to Story County Families so they can have healthy pregnancies, healthy babies and children ready to succeed in school.
Duration	2016
Contract Value	\$28,693
Services provided timely and within budget	Yes
Damages, Penalties, disincentives	N/A

assesses, anything of value traded or given up by the Bidder at or above \$500,000	
Administrative or Regulatory Proceeding or adjudicated matters related to this services to which the Bidder has been a party	N/A
Contact Information	Marion Kresse, Area Director
Address	1. 900 W. 3 rd Street Boone, Iowa 50036 2. 126 S. Kellogg, Suite 101 Ames, Iowa 50010
Phone	515-433-4892 or 515-268-2276
email address	mkrersse@boonecounty.iowa.gov

Project Title	Health Futures Program – Boone and Story Counties
Project Role	Primary Contractor
Name of client Agency or Business	BooST Together for Children – Boone and Story Counties ECI Area
General description of the Scope of Work	To provide and produce coordinated prenatal and postnatal home visitation services, education, training and support to/for families with children prenatal to five years of age in Boone and Story Counties so they can have health pregnancies, healthy babies and children ready to succeed in school.
Duration	2016
Contract Value	\$170,647
Services provided timely and within budget	Yes
Damages, Penalties, disincentives assesses, anything of value traded or given up by the Bidder at or above \$500,000	N/A
Administrative or Regulatory Proceeding or adjudicated matters related to this services to which the Bidder has been a party	N/A
Contact Information	Marion Kresse
Address	1. 900 W. 3 rd Street Boone, Iowa 50036 2. 126 S. Kellogg, Suite 101 Ames, Iowa 50010
Phone	515-433-4892 or 515-268-2276
email address	mkrersse@boonecounty.iowa.gov

Project Title	Child Welfare Emergency Services (CWES)
Project Role	Primary Contractor
Name of client Agency or Business	Iowa Department of Public Health
General description of the Scope of Work	Provision of emergency shelter care, shelter services, diversion, and crisis intervention to youth referred to YSS from Boone, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, and Tama, counties. Additional CWES services are available for non-system youth with local funds.
Duration	2016-2021
Contract Value	\$600,000+ annually in DHS District 2 and District 5
Services provided timely and within budget	Yes
Damages, Penalties, disincentives assesses, anything of value traded or given up by the Bidder at or above \$500,000	N/A
Administrative or Regulatory Proceeding or adjudicated matters related to this services to which the Bidder has been a party	N/A
Contact Information	Holly Karr-White
Address	Iowa Department of Human Services 1305 E. Walnut Street, 5 th Floor Des Moines, IA 50319
Phone	(515) 684-3918
email address	HKarrWh@dhs.state.ia.us

Project Title	Iowa Foster Youth Council
Project Role	Primary Contractor
Name of client Agency or Business	Iowa Department of Human Services
General description of the Scope of Work	Implement, facilitate and maintain a council for adolescents, age 13 through 20 and for Alumni up to age 21, currently in, or who were formerly in, a Foster Care Placement or the State Training School.
Duration	Start Date: 2016-2021
Contract Value	\$339,739 annually
Services provided timely and within budget	Yes
Damages, Penalties, disincentives assesses, anything of value traded or given up by the Bidder at or above \$500,000	N/A
Administrative or Regulatory Proceeding or adjudicated matters related to this services to which the	N/A

Bidder has been a party	
Contact Information	Michelle Muir
Address	Iowa Department of Human Services 1305 E. Walnut Street, 5 th Floor Des Moines, IA 50319
Phone	(515) 281-8785
email address	mmuir@dhs.state.ia.us

Project Title	Central Iowa Runaway and Homeless Youth Services
Project Role	Primary Contractor
Name of client Agency or Business	Department of Health and Human Services, ACF
General description of the Scope of Work	Support for services to non-system involved runaway and homeless youth in a 22-county area from Central Iowa to the Minnesota border.
Duration	2016-2019
Contract Value	\$486,000
Services provided timely and within budget	Yes
Damages, Penalties, disincentives assesses, anything of value traded or given up by the Bidder at or above \$500,000	N/A
Administrative or Regulatory Proceeding or adjudicated matters related to this services to which the Bidder has been a party	N/A
Contact Information	Mary Alexander, Grants Management Specialist
Address	U.S. Dept. of Health & Human Services Administration for Children & Families Office of Grants Management-Division of Discretionary Grants Switzer Building, 3 rd Floor West 330 C Street, SW Washington, DC 20024
Phone	(202) 205-8549
email address	Mary.Alexander@ACF.hhs.gov

Project Title	Transitional Living Program and Maternity Group Homes
Project Role	Primary Contractor
Name of client Agency or Business	Department of Health and Human Services, ACF

General description of the Scope of Work	The transitional living program serves up to 12 homeless parenting or pregnant women between the ages of 16-25 and up to two of their children. Services assist moms become successful, self-sufficient mothers and families living in safe and appropriate settings upon exiting the program.
Duration	2013-2019
Contract Value	\$930,000
Services provided timely and within budget	Yes
Damages, Penalties, disincentives assesses, anything of value traded or given up by the Bidder at or above \$500,000	N/A
Administrative or Regulatory Proceeding or adjudicated matters related to this services to which the Bidder has been a party	N/A
Contact Information	Mary Alexander, Grants Management Specialist
Address	U.S. Dept. of Health & Human Services Administration for Children & Families Office of Grants Management-Division of Discretionary Grants Switzer Building, 3 rd Floor West 330 C Street, SW Washington, DC 20024
phone	(202) 205-8549
email address	Mary.Alexander@ACF.hhs.gov

3.2.5.1.3 List any details of whether the bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.

No YSS or YSS owners, officers, primary partners, staff providing services have ever had a founded child or dependent adult abuse report, or been convicted of a felony. To our knowledge no owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services contemplated in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.

3.2.5.1.4 Letters of reference from three (3) of the bidder's previous clients knowledgeable of the bidder's performance in providing services similar to those sought in this RFP, including

a contact person, telephone number, and electronic mail address for each reference.

Three letters of reference were received by YSS in support of this project. The letters follow as **Figure 3** and are from:

Client	Contact Person	Telephone Number	Electronic mail address
Boone Community School District	Bradley D. Manard, Ed.D., Superintendent	515-433-0705	Bmanard@boone.k12.ia.us
Juvenile Court Services, 2 nd JD	Shirley Faircloth, Chief Juvenile Court Officer	641-753-3481	Shirley.Faircloth@iowacourts.gov
Marshalltown United Way	Nancy Steveson, Executive Director	641-752-4688	office@unitedwaymarshalltown.org

A fourth supporting letter for this project led by YSS was received by Jean Kresse, President and CEO of United Way of Story County, 515-268-5142, unitedway@uwstory.org. This letter will be made available upon request.

Figure 3: Letters of Support



BOONE COMMUNITY SCHOOL DISTRICT

•Expect the BEST, Achieve SUCCESS•

The Treador Way

August 7, 2017

Andrew Allen, CEO
Youth & Shelter Services, Inc.
420 Kellogg Ave.
Ames, Iowa 50010-6226

Dear Mr. Allen,

The Boone Community School District (BCSD) supports the Youth & Shelter Services, Inc. (YSS) application in the development of a Children's Well-being Collaborative as described in the Iowa Department of Human Services RFP 18-001, Children's Well-being Collaborative.

The BCSD has collaborated with Youth and Shelter Services in a variety of ways. This has included:

- Instructional and Intervention Services
 - Mentoring: Housed in the BCSD and connects student in need of support with role models and mentors in the community.
 - Pregnancy Prevention: Instruction program provided by YSS.
 - Kids Club: An after school support and child care program for students and families.
 - Substance Abuse Prevention: Education and counseling integrated into instruction
- Family support and intervention
 - Family Liaison: The Family Liaison has played a significant role in supporting student needs that interfere with learning and collaborating supports with our families.
 - Counseling Support: Often identified through the Family Liaison process, providing a variety of opportunities and supports for families.

The collaborative relationship between the BCSD and YSS has been significant in supporting youth and families. The Children's Well-being Collaborative as described in the Iowa Department of Human Services will align perfectly with these supports allowing YSS and the BCSD to continue to provide and enhance our support for youth and families.

Please do not hesitate to contact me for further information at [insert your phone number] and to clarify any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Manard".

Bradley D. Manard, Ed.D.
Superintendent

Office: (515) 433-0750
Fax: (515) 433-0753

Bradley D. Manard, Ed.D.
Superintendent
Central Office: 600 7th Street
Boone, IA 50036

<http://boone.k12.ia.us>
bmanard@boone.k12.ia.us

**JUVENILE COURT SERVICES
SECOND JUDICIAL DISTRICT**

26 South 1st Avenue, Suite 205
Marshalltown, Iowa 50158
Phone: 641-753-3481
Fax: 641-752-5520

Chief Juvenile Court Officer
Shirley Faircloth

August 11, 2017

COUNTIES

Boone
Bremer
Butler
Calhoun
Carroll
Cerro Gordo
Floyd
Franklin
Greene
Hamilton
Hancock
Hardin
Humboldt
Marshall
Mitchell
Pocahontas
Sac
Story
Webster
Winnebago
Worth
Wright

Andrew Allen, CEO
Youth and Shelter Services
420 Kellogg Ave.
Ames, Iowa 50010-6226

Dear Mr. Allen,

Juvenile Court Services supports the Youth Standing Strong (YSS) application in the development of a Children's Well-being Collaborative as described in the Iowa Department of Human Services RFP 18-001, Children's Well-being Collaborative.

Juvenile Court Services has a long history of working with YSS to improve the lives of children and youth. Juvenile Court supports prevention and intervention services which are community based, family centered, family driven, and trauma informed and culturally competent

Juvenile Court Officers (JCO's) work with youth within an informal and court involved process. JCS often refers to YSS to address substance abuse issues, mental health and family counseling. As part of case supervision, the JCO often works with the school and community providers to address behavioral issues, family support, mental health issues and various programming in the community.

YSS is recognized for taking leadership roles for various community planning projects and working with a wide variety of providers.

Please do not hesitate to contact me if you need additional information.

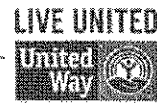
Sincerely,



Shirley Faircloth
Chief Juvenile Court Officer

Marshalltown Area United Way

709 South Center, Suite 6 • Marshalltown, IA 50158 • 641-752-4688
www.unitedwaymarshalltown.org • office@unitedwaymarshalltown.org



August 4, 2017

Andrew Allen, CEO
Youth & Shelter Services, Inc.
420 Kellogg Ave.
Ames, Iowa 50010-6226

Dear Mr. Allen,

We support the Youth & Shelter Services, Inc. (YSS) application in the development of a Children's Well-being Collaborative as described in the Iowa Department of Human Services RFP 18-001, Children's Well-being Collaborative.

YSS's collaboration with Child Abuse Prevention Services and Life Connections to improve the well-being of children and prevention efforts through their fatherhood (24/7 Dad's) initiative was well received in the community. YSS of Marshall County has also contracted with the Marshalltown school district to provide prevention, counseling, and mediation services at times of family/student distress. We understand that YSS currently provides mental health assessments and outpatient therapy for those with Title XIX, private insurance, as well as a sliding fee.

The Marshalltown Area United Way also has worked with YSS on individual cases of need on a regular basis. They are a valued partner in our community.

Please do not hesitate to contact me for further information at [insert your phone number] and to clarify any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Nancy L. Steveson".

Nancy L. Steveson
Executive Director
Marshalltown Area United Way
641-752-4688
office@unitedwaymarshalltown.org

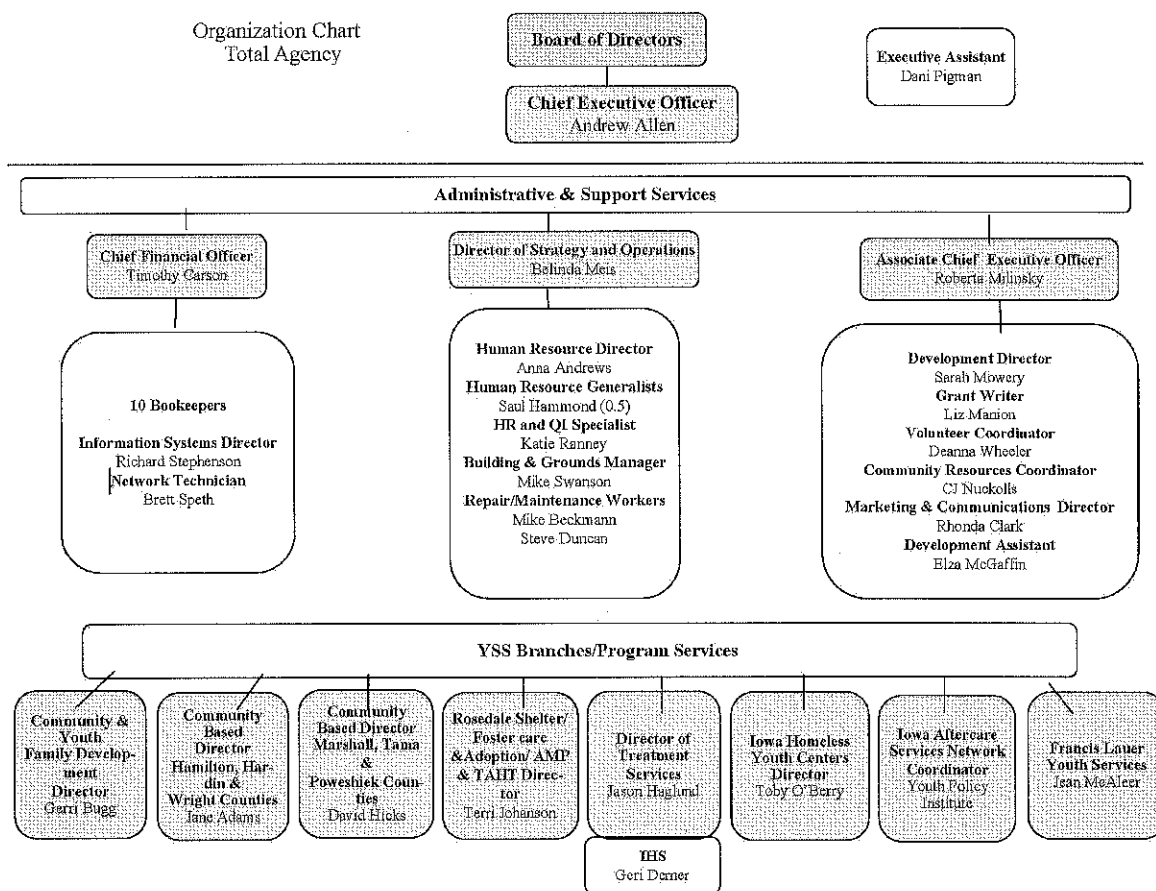
3.2.5.2 Personnel

3.2.5.2.1 Tables of Organization

1. YSS Organizational Table

Table 6 presents the YSS Organizational Chart for the Total Agency. Please note the inclusion of the YSS Integrated Health Services (IHS) offered at YSS. This is a free service to support existing services for Medicaid Medicaid-eligible children and youth with a mental health diagnoses.

Table 6: YSS Organizational Chart, Total Agency

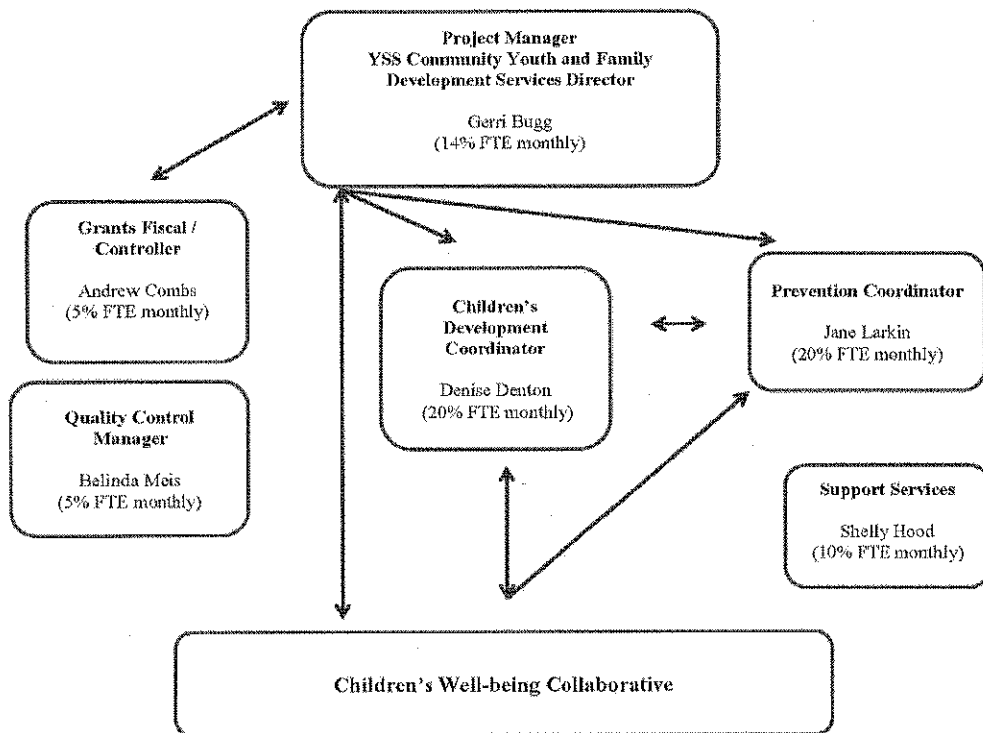


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2. Project Organizational Table

Table 7 provides the Project Organizational Table for this project.

Table 7: Project Organizational Table



3.2.5.2.2 Credentials of Key Corporate Personnel

Andrew Allen is the President and CEO of YSS. Mr. Allen provides overall leadership, informs the Board of budgets and operations; facilitates Basic Center Program Network semi-annual meetings. Mr. Allen is an alumnus of the YSS Youth Addiction Recovery House (for males 13-17 years of age) and well understands the issues surrounding Children at-risk, who have addictions, and need help from a caring loving adult. He has 12 years of experience working in supervisory/management positions at Principal; developed the Lunch Buddies Mentoring Program and has 12 years of involvement with youth recovery, mentoring, and youth services through YSS. Mr. Allen is providing services sought by this RFP.

The YSS Corporate Board of Directors, 2016-2017 are as follows, none are involved in providing services sought by this RFP:

Judy AL Britton	Tyler Grimm	Mike Phillips
Nahla Atroon	Fred Lembke	Keith Robinder
Jim Black	Julie Luther	Suzy Shierholz
Gary Botine	Sophia Magill	Rosa Unal
Don Brosher	Marc Mbofung	Austin Woodin
Tim Day	Thomas McLaughlin	
Patrice Feulner	Eileen Patterson	
Sony Fox	Randi Peters	

3.2.5.2.3 Information about Project Manager and Key Project Personnel

Project personnel directly involved with this Proposal include Gerri Bugg, YSS Community Youth and Family Development Services Director, Denise Denton, Community Youth Development Specialist, Jane Larkin, Community Prevention Coordinator, Belinda Meis, Quality Assurance Director, Andrew Combs, Controller/Grants Fiscal Manager, and Shelly Hood, Community Youth and Family Development Program Assistant providing support services for this project. Following are the names, positions, credentials, personnel resume information, experience and years of experience as it relates to this Proposal. Resumes follow **Table 8.**

Table 8: Project Personnel Experience / Resumes

Position (FTE) and Name	Credentials/ Personnel Resume Info/ Experience	Responsibilities for this Proposal
<p>Project Manager (14% FTE monthly)</p> <p><i>Gerri Bugg</i></p>	<p>Masters of Education (Wheelock College) majoring in Leadership in Early Childhood Education, 27 years of experience working in human development and family studies in urban and rural settings in various socio-economic geographic areas, YSS Director of Community Youth and Family Development Services.</p>	<p>Overall leadership in the Collaborative process as the Lead Entity, brings together Collaborative entities, and stakeholders to develop prevention and early intervention tools for children, their families and communities, provides guidance in development of a potential Needs Assessment for the Area and works with the Collaborative to reduce the stigma of mental illness; facilitates meetings, writes and submits monthly reports to the Agency; meets with Agency as agreed; reports to YSS Board of Director's on progress, lead to complete the Final Report.</p>
<p>Children's Development Coordinator (20% FTE monthly)</p> <p><i>Denise Denton</i></p>	<p>Masters of Science in Community Counseling (Iowa State University), Bachelor of Science in Sociology, Leisure Services, Social Work (Iowa State University), works with at-risk youth and adolescents for family development, agency liaison with local schools and community organizations for youth development, Instructor/Lecturer at Iowa State University since 1992, YSS Community/Youth Development Coordinator; with YSS since 1992.</p>	<p>Provides guidance to the Collaborative regarding the components involving healthy early childhood development, provides program information on programs implemented in the schools for youth exhibiting behavioral disorders, works with Project Director and Collaborative on improving prevention/ intervention education to the public, consults with Project Director on at least a bi-monthly basis to discuss issues, concerns, and progress of the project.</p>

Position (FTE) and Name	Credentials/ Personnel Resume Info/ Experience	Responsibilities for this Proposal
Prevention Coordinator (20% FTE monthly) <i>Jane Larkin</i>	Bachelors of Science (Iowa State University in Psychology and Sociology), Associates of Arts Degree (Indian Hills Community College), Certified Prevention Specialist-Iowa, provides classroom and community education on chemical dependency and prevention, initiates develops, and maintains innovative prevention programs aimed at empowering youth and families in Story County and throughout Iowa; 19 years of experience.	Provides expertise and guidance to the Collaborative about prevention activities for youth and families, enhance the effectiveness of community involvement to help ensure positive outcomes for youth, families and their communities, provides evidence based practices in prevention, consults with Project Director on at least a bi-monthly basis to discuss issues, concerns, and progress of the project.
Quality Control Manager (5% FTE monthly) <i>Belinda Meis</i>	BA in Psychology (Iowa State University). Coordinates QA for YSS organization; tracks, analyzes data to track best practice, client outcomes; administer for Client Database Software VisionWorks, Supervisor of Staff for managing client intake information; with YSS since 2012, work experience of 15 years.	Involvement with the Planning process to ensure quality control measures are included; provides guidance in data tracking, identification of measureable outcomes, analysis of data, and insight in risk management, best practice for staff and programs.
Controller/ Grants Fiscal Manager (5% FTE monthly) <i>Andrew Combs</i>	BA in Accounting, (University of Northern Iowa). Experienced in preparation of month-end financials to report to the Board of Directors, reports to CEO on company's financial position, prepares new fiscal year budgeting information; with YSS since 2014, work experience of 3 years.	Oversight of project budget, billing, reporting of expenditures to CEO and Project Director, working with IDPH on budgeting.
Support Staff (10% FTE monthly) <i>Shelly Campbell</i>	Lone Star Community College – certification of Office Administration. 20 years of experience with YSS inn records maintenance, data entry, advanced office management skills set in Microsoft, internet services, conference management, prepares/writes meeting minutes, excellent communication skills.	Provides reporting, correspondence for MOU's, sets up conferences calls, meeting dates/locations; processes e-mails, meets with the Project Manager bi-weekly..

Resume: Gerri Bugg, Project Director, Gerri will spend 14% FTE monthly on this project.

GERRI L. BUGG

EDUCATION

M.S. Ed., Wheelock College. Major: Leadership in Early Childhood Education.

B.S., Michigan State University. Major: Child Development, Elementary Education. Minor: Social Science, Mathematics

EXPERIENCE

Youth and Shelter Services, Inc

As *Community Youth and Family Development Services Director* assumed responsibility for administration of a variety of prevention programs. Programs include prevention programming, including substance abuse, tobacco, HIV/AIDS and Adolescent pregnancy prevention; out-of-school time programming; mentoring; youth development; and family development programs. Responsible for \$2,000,000 budget and 75 full and part time staff.

Oakridge Neighborhood Services

As *Director of Services* in a services enriched low income housing project assumed responsibility for administration of social services support programs to 950 residents yearly. Services include child care center, wide range youth programming, and adult programming including case management, ESL, GED, pre-employment, computer training. Responsible for \$1,500,000 budget, 50 staff. Responsibilities included fiscal management; program coordination and development; grant writing; personnel management; fund raising. Significant achievements: Nationally accredited child care center; development of state-of-the-art multi-media computer lab; providing leadership for improved quality, organization and accountability of all services; development and funding of case management program; development of full range of adult programs.

Drake University Head Start

As an Early Childhood Consultant was placed under contract (2/95-3/96) to Oakridge Neighborhood Services as *Acting Director* of Early Enrichment Child Care Center and was responsible for day-to-day operation of a full day child care center serving 85 children from ages 2 weeks to 6 years. The center is located in a HUD subsidized housing complex in Des Moines inner city. Primary task and accomplishment was to develop quality programming in the center and achieve National Accreditation.

As a *Training Specialist* responsible for the design and implementation of Child Development Associate preparation courses for Head Start parents and staff. The course containing 120 hours of topics pertaining to developmentally appropriate and caring practices, is presented to prepare candidates for National Accreditation. Serve as active member of agency staff development team and interagency committees.

As *Grants Manager* developed policies and procedures for purchasing child care from target area, not-for-profit child care centers Head Start children and their siblings. Supervise enrollment, billing procedures, report to the funding agency, serve on advisory committee.

Center for Family Research in Rural Mental Health

As a *Family Interaction Analyst* for the Iowa Youth and Families Project, made discriminating judgments about observed behaviors, and applied standardized behavior codes across observations with an emphasis on parenting scales. Significant achievement included the development of an informal physical, mental and environmental fitness program for employees of the center.

Iowa State University, Human Development and Family Studies Department

As *Research Associate* (10/88-7/89) of the Nutrition Education Evaluation Project, designed and implemented evaluation tool for nutrition education material for use in the USDA Child Care Food Program with sponsoring agencies, family day care home providers, and parents. Responsibilities included gathering existing materials, developing evaluation tool, evaluating over 200 pieces of material for nutrition information, developmental appropriateness and training design and submitting a final report and recommendations to the Department of Education and Child Care Food Program sponsoring agencies within Iowa.

As *Temporary Instructor* (8/88-5/89), taught CD 440, a junior/senior level Child Development Course entitled "Parent, Professional and Community Relationships," during fall and spring semesters. Responsible for syllabus, lecture content, format, and presentation, assignment design and evaluation. The course emphasized the empowerment theory of working with parents and professionals. Significant achievements included integrating social policy and paraprofessional team building into the course.

Children's Services of Central Iowa

As *Executive Director*, assumed total responsibility for administration of multi-services, multi-county, children and family services agency providing child care, health and nutrition services to 5000 families yearly. Responsible for \$1,500,000 budget and 110 full and part time staff in nine program areas. Responsibilities included fiscal management; program coordination and development; marketing and public relations; grant writing; personnel management; fund raising; Board of Directors. Significant achievements included orchestration of successful merger of two diverse children's agencies (see next two entries); primary responsibility for establishing first on-site child care center for state government employees; development of resource and referral program and sick child care program.

Resume: Denise Denton, Children's Development Coordinator, Denise will spend 20% FTE monthly on this project.

Denise C. Denton
902 Douglas
Ames, Iowa 50010
515-233-2803/515-291-1273

1997-Present	Community/Youth Development Coordinator Youth and Shelter Services, Inc Responsibilities: Training and development for staff and community organizations Agency liaison with local school and community organizations Supervision of prevention staff Member: Story County Crisis Team; Story County Prevention Policy Board
1992-1997	Assistant Director Prevention/Education Services Youth and Shelter Services, Inc. Responsibilities: Development/presentations of prevention/intervention programs Supervision of prevention/education staff
1992-2003 2003-Present	Instructor Senior Lecturer Department of Health and Human Performance Iowa State University Responsibilities: Development of course curriculum Teaching Health Studies Courses: HS 215 Drug Education HS 395 Substance Abuse Prevention Supervision of Community Public Health Interns
2002-2012	CAPT (Center for Applied Prevention Technology) Associate
2011-Present	Subject Matter Expert – National Guard Bureau
1984-86 1990,1993-95 2001-2010	Instructor – Summer School for Helping Professionals- University of Iowa Conferences and Institutes Responsibilities: Curriculum Development and Presentation of Professional Seminars: Substance Misuse Prevention Strategies Drug Education Children of Alcoholics Support Groups Juvenile Delinquency Prevention Strategies
1991,1994,1996	Instructor Department of Counselor Education Iowa State University Responsibilities: Curriculum Development Teaching Graduate Seminars: Counselor Ed 593 Prevention Strategies Counselor Ed 595 Substance Misuse
1981-1992	Youth Development Coordinator Youth and Shelter, Inc. Responsibilities: Development/coordination of primary prevention programs Supervision of university/high school interns Advisor for Summerfest and Youth Action Committees
1979-1980	Governess – The Lady Lavinia Jobson County Wicklow, Ireland Responsibilities: Personal/educational welfare of the four Jobson children

1977-1979

Resident Counselor – Shelter House

Responsibilities: Individual, group, and family counseling
Daily care/supervision of shelter residents
Crisis intervention
Liaison with neighborhood and community

Education and Professional Training:

Bachelor of Science - 1977 - Iowa State University Sociology, Leisure Services, Social Work
Master of Science - 1983 - Iowa State University Community Counseling

Program Planning for Young Adolescents - 1983 University of North Carolina Training of Trainers
Adolescent Suicide; Adolescent Addictions; Street Drugs - Iowa Methodist School of Nursing
Community/School Intervention Strategies - 1983 - University of Iowa Summer School for Helping Professionals
Developing Capable People - 1986 - Training of Trainers
Summer Institute on Drug Addictions - Institute for Integral Development - Colorado Springs
"Talking With Youth Kids About Alcohol," - 1988 - Prevention Research Institute Training of Trainers
Northwest Conference on Addictions - 1988 - Seattle
Conference on The Family Addictions and Relationships - 1989 - New Orleans
4th Annual National Conference on Adult Children of Dysfunctional Families - 1990 - Santa Fe
Developing Cultural Competency - 1992 - Iowa Department of Public Health Training of Trainers
International Conference on Alcohol - 1993 - Dublin, Ireland
"Talking With" Series: Driving Under the Influence - 1995 - Prevention Research Institute Training of Trainers
"Asset Building," 1996 Search Institute Minneapolis Training of Trainers
"Sharing the Asset Message," - 1997 - Search Institute Minneapolis Training of Trainers
"First Annual Healthy Communities-Healthy Youth Conference" - 1997 - Minneapolis
"The Brain: Understanding Addiction," - 2003 - National Institute of Health Minneapolis
"Communities That Care," 2006 Denver Training of Trainers
Substance Abuse Prevention Specialist Training 2006 Minneapolis

Presentations, Workshops, Curriculum

"Teen Stress and Suicide"
"Adolescent Development and Substance Abuse"
"School Intervention Strategies"
"Assertive Communication: The Mouse, The Monster, and Me"
"Developing Student Assistance Teams"
"Normal Teenage Sexual Development"
"Asset Building the Resilient Child"
"Prevention and Community Development"
"Prevention: Dilemmas, Decisions, and Strategies" for Palm Lake Treatment Center, West Palm, Florida
"A Framework for Prevention" for the Irish Eastern Health Board, Dublin, Ireland 1993
"Creative Prevention Strategies" for the University of Iowa
"Support Groups for Children of Alcoholics" for the University of Iowa
"Juvenile Delinquency: Causes, Casualties, and Cures" for the University of Iowa
"Prevention Strategies," North Ontario Health Board, Ontario Canada 2001, 2003
"The Merry Myths of Marijuana," Iowa Governor's Conference on Substance Abuse 2002, 2006
"Working with Youth In-spite of the Teen Age Brain," Iowa Governor's Conference on Substance Abuse 2007, 2010
"The Secret Life of the Female Brain," Whispers and Screams Conference 2006-10
Health Studies 215, "Drug Education" for Iowa State University
Health Studies 395, "Substance Abuse Prevention," for Iowa State University
Counselor Education 593, "Prevention Strategies" for Iowa State University
Counselor Education 595, "Illegal Substances and Substance Abuse" for Iowa State University
Substance Abuse Prevention Specialist Training- Midwest Counter Drug Training Center
"Drugs, and How They Get That Way," National Guard Bureau Boise, Phoenix, Tampa, Reno, Seattle 2011/12

MHDS 18-001
Children's Well-being Collaboratives
Youth and Shelter Services Technical Report

"Drugs, and How They et That Way." Georgia Counter Drug State Conference, St Simon's Island, Georgia March 2012

Committees, Councils, Associations

Iowa Governor's Juvenile Justice Advisory Council 1987-2005
Story County Crisis Response/Critical Incidence Response Team 1996 -Present
Iowa State Drug Education Advisory Committee 1994-2000
Ames SAFE Communities Committee
Story County Prevention Policy Board
City of Ames Inclusive Community Task Force 2008
Contract Trainer-Training Resources 1993 - Present
Contract Consultant-Community Research Associates 1997-2000
Associate-Central Center for Applied Prevention Technologies 2002-2012
Consultant-Trainer for CSAP Center for Substance Abuse Prevention 2006-2010

Resume: Jane Larkin, Prevention Coordinator, Jane will spend 20% FTE monthly on this project.

512 10th St. Ames IA 50010 • 515-291-3158 • janeblarkin@hotmail.com

Jane B. Larkin

Experience

March 06-Current	Youth and Shelter Services	Ames, IA
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Community Prevention Coordinator

- Initiate, develop, and maintain innovative prevention programs aimed at empowering youth and families in Story County and throughout the state of Iowa.
- Promotes the philosophy of youth involvement in the life of the community and partnering with adults. These programs encourage the involvement of youth as partners in community agencies, businesses, schools, and government throughout Story County.
- Develop and promote the following prevention services for the youth of Story County and their parents which includes: providing substance misuse programming in Story County schools, assisting with Community Youth Development (CYD) programming, and to supervise the CYD and Prevention Specialists.
- Working directly with the Story County Prevention Policy Board to address all issues surrounding substance use within Story County.
- Facilitating mission, goals, and objectives of Youth and Shelter Services and the Story County Prevention Policy Board.
- Application of the CSAP Prevention Model in informing the community of the impact that substance use has on people-community presentations, public speaking, environmental strategies, alternatives, etc...
- Work with local and state partners to build an effective and sustainable prevention structure through the Strategic Prevention Framework (SPF) process.
- Certified Alcohol and Drug Counselor, IBC-#97104 and Certified Prevention Specialist, IBC-#PS09013.

November 2003-March 2006	Youth and Shelter Services	Ames, IA
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Seven-12 House Coordinator

- Supervised a staff of 10 residential staff and counselors.
- Supervised teenage clients in a residential setting. Provided confidential individual and group counseling.
- Kept records of client progress through progress notes, group notes, and Continued Stay Reviews assessments. Provided random file reviews of group notes and assessments.
- Worked as a team with case managers, full-time residential technicians, overnight staff and part-time technicians.
- Maintained weekly contact with clients' parents and DHS or Juvenile court workers.
- Facilitated skill development groups and therapy groups with clients.
- Provided consistent supervision and accountability for clients and staff.

June 2000-September 2003	Youth and Shelter Services	Ames, IA
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Student Assistance Coordinator

- Maintained a caseload of up to 25 clients working in an outpatient substance abuse office within the Ames Community School District, in both the Middle and High School.
- Provides classroom and community education about chemical dependency and the impact that drugs have both on individuals and families; this includes multiple speaking occasions providing education about the agency, the lives of youth, risk and protective factors, and information about chemical

Jane B. Larkin

dependency issues.

- Created a co-dependency group program addressing the impact that substance use has on families, and developing individual skills to cope with environmental and external stressors.
- Developed a school based climate initiative centered on student lead group discussions focused on character traits- this included creating individual lessons, recruiting students, providing group education, and then assisting students in presenting this information to his/her classmates.
- Maintained a positive working relationship with a number of referrals sources (i.e. Juvenile Court Services, Department of Human Services, Ames School Administrators and Staff, parents, teens, etc...)
- Supervised college interns and provided education about chemical dependency and working with an at-risk population.

November 1998-June 2000	Youth and Shelter Services	Ames, IA
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Chemical Dependency Services Aftercare Counselor

- Maintained caseload of up to 15 clients at a time working in an outpatient chemical dependency treatment facility for teenage clients.
- Provided confidential individual and group counseling.
- Kept records of client progress through progress notes, group notes, and Continued Stay Reviews assessments
- Worked as a team with case managers.
- Maintained weekly contact with clients' parents and DHS or Juvenile court workers.
- Supervised college interns and provided education about chemical dependency and working with an at-risk population.

Education

August 1990-May 1992	Indian Hills Community College	Ottumwa, IA
	Associates of Arts Degree	
August 1992-August 1994	Iowa State University	Ames, IA
	Bachelors of Science Majors: Psychology and Sociology	

Professional Affiliations & Certifications

- Certified Prevention Specialist, Iowa Board of Certification
 - Certified Drug and Alcohol Counselor, Iowa Board of Certification
 - State of Iowa's Underage Drinking Task Force
 - State of Iowa's Drug Policy Advisory Council
 - Alliance of Coalition 4 Change (AC4C) State Coalition
 - Story County Prevention Policy Board
 - Altrusa International
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Jane B. Larkin

References

Gerri Bugg, Community Youth and Family Development Director, Youth and Shelter Services, 515-233-3141

Anna Andrews, Quality Assurance Coordinator, Youth and Shelter Services, 515-233-3141, 515-460-2120

Erin Kennedy, Family Based Therapist III, Youth and Shelter Services, 515-233-3141

Denise Denton, Community Development Coordinator, Youth and Shelter Services, 515-233-3141

Robert Kerksieck, Health Facilities Surveyor for Gambling Treatment Programs, IDPH, 515-281-3347

Resume: Andrew Combs, Grants Fiscal Controller, Andrew will spend 5% FTE monthly on this project.

Andrew Combs

Youth and Shelter Services
420 Kellogg, Ames, IA 50010
(515)233-3141 acombs@yssh.ames.ia.us

Youth and Shelter Services

March 2016-May 2016

Acting CFO

Ames, IA

- Manage the Fiscal department in the CFO interim
- Prepare month-end financials to report to the board
- Report to the CEO on company's financial position
- Prepare new fiscal year budgeting information

Youth and Shelter Services

February 2014-Current

Controller

Ames, IA

- Monitor, input, review, and approve federal grant data
- Review bank data on a daily basis
- Perform month-end reconciliation of bank accounts
- Develop, improve and issue timely monthly financial records for Chief Financial Officer
- Prepare special reports by collecting, analyzing, and summarizing information and trends.
- Help other accounting staff as needed

Education

University of Northern Iowa

December 2013

Bachelor of Arts in Accounting

Cedar Falls, IA, United States

- Minor in Economics
- Member of the Accounting Club
- Self-financing 50% of educational experiences by working 30+ hours per week

Highlights

- Financial Statements
- Accounts Receivable/ Payable
- Financial Reconciliation
- Customer Service
- Experience in Microsoft Dynamics GP, QuickBooks, and similar software
- Experience in Microsoft Excel, Word, and Outlook
- Teamwork & Communication

Resume: Belinda Meis, Quality Control Manger, Belinda will spend 5% FTE monthly on this project.

BELINDA MEIS

PROFESSIONAL EXPERIENCE:

Youth and Shelter Services, Inc.
Quality Improvement Manager

Ames, IA
11/2012 to present

- Responsible for coordinating Quality Assurance meetings involving all aspects of the organization.
- Ensuring that the data is entered and analyzed to track best practice, client outcomes, documentation quality and risk management for the organization.
- Administrator for the Client Database Software, Vision Works.
- Coordinates agency oversight from funding entities to ensure compliance to contracts and outcomes.
- Provides technical assistance to program staff regarding contract compliance, best practice, and risk management.
- Supervise staff that is responsible for managing client intake information and attends to client inquiry's in an office setting.

Lutheran Services in Iowa
Director of Residential Treatment

Ames, IA
5/2005 to 10/2012

- Supervise clinical programming for 120 residential and/or PMIC beds for children ages five to age of majority from across the state of Iowa.
- Directly responsible for Risk Management, Continuous Quality Improvement, and Clinical Programming for children and families served.
- Coordinate and engage the community of Story County in initiatives related to Juvenile Justice, Health and Human Services, Needs Assessments, and Child Abuse Prevention.

Lutheran Services in Iowa
Rehabilitative Treatment and Supervision Services Supervisor

Ames, IA
11/2000 to 5/2005

- Supervised programs including foster care, adoption, foster home licensing services, drug screening and rehabilitative services in a 16 county area.
- Supervised direct care workers in a 16 county area including managing productivity, ensuring programmatic outcomes are met, billing needs, and staff performance.
- Responsible for direct contact with stakeholders, funders, and referral sources.
- Increased capacity to provide service by 75% during supervision of program.
- Carried a caseload of at risk families.

Iowa City Community School District
Educational Associate

Iowa City, IA
5/2000 to 11/2000

- Provided services to children who need assistance in classrooms in the school district.
- Focused on children ages 12 to 14 with Autistic traits.

Woodward Academy
Program Director/Group Leader

Woodward, IA
5/1999 to 5/2000

- Provided supervision and training to a team of 15 youth counselors ensuring the treatment, educational, and social needs of the residents are met.
- Worked directly with adolescent male sexual offenders and monitored all aspects of the sexual offender curriculum used in the daily milieu.

BELINDA MEIS

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- Facilitated meetings between the Department of Human Services, Juvenile Court, the residents, their families, and the treatment team on each resident on a monthly basis.

EDUCATION:

Iowa State University

- *Bachelors of Science in Psychology, 1999*

**ADDITIONAL SKILLS &
TECHNICAL COMPETENCIES:**

- Microsoft Office Suite – Vision Work Client Data Base System – Harmony Client Data Based System
- Trained Mandatory Reporter
- Trauma Informed Care trainer

Resume: Shelly Hood, Support Services, Shelly will spend 10% FTE monthly on this project.

Shelley Hood

1318 Garst Avenue, Boone, IA 50036, shesacolt@gmail.com, 515-290-8281

OBJECTIVE: To apply my skills and experience to make a productive and positive contribution to the staff YSS.

CORE

COMPETENCIES: Broad knowledge base of office procedures and equipment.
Keyboarding 50 wpm/high accuracy data entry/ten key entry.
Professional and concise business writing proficiency.
Exceptional organizational and time management skills.
Solid transcription experience.
Human resources experience (COBRA/HIPPA regulations, confidentiality; HR file management).
Meeting minutes recording and record keeping/archiving.
Competent proofreading/editing/detail oriented.
Talent for streamlining work processes/procedures for efficiency.
Reconciling of Development Office donation records against Fiscal Office records to the penny.
Software Proficiency: Microsoft Word, Excel, Outlook, Access, Raiser's Edge, Survey Monkey, Qualtrics

SOFT SKILLS: Professional phone etiquette/communication skills/positive interpersonal relations.
Exceptional external and internal customer service delivery.
Team worker/resourceful/flexible/self-motivated/multi-tasking.
Commitment to quality work output, strong work ethic and positive attitude.
Deadline and output driven.

EXPERIENCE: Administrative Assistant, March 16, 2007-Present
Community Youth & Family Development Branch (CYFD)
Youth & Shelter Services, Inc.
PO Box 1628, Ames, IA 50010
515-233-3141

Primary Focus:

- Record minutes for 9 boards/committees, as well as compile summary reports, distribute meeting packets & meeting reminders, and serve as historian for each board.
- Write draft meeting agendas. Write drafts and/or edit business forms for conciseness.
- Prepare/maintain six month calendar of meetings/events/trainings for a 4 department branch.
- Assist CYFD Director with data collection for annual grant reports and others as requested.
- Created and maintain filing system for Director.
- Maintain current agency-wide policy and procedures manual. Proofread and edit CYFD branch specific program manuals.
- Assist Director with survey creation & distribution.
- Accurate data entry of pre & posttests for IDPH analysis.
- Maintain branch staff organizational structure charts for 4 programs.
- Create mail merge letters and contracts for annual conference presenters/maintain mailing lists.

MHDS 18-001
Children's Well-being Collaboratives
Youth and Shelter Services Technical Report

- Assist Director with annual conference planning. Prepared and reviewed conference task timeline with Director monthly – weekly closer to conference date. Serve as contact person for conference questions.
- Enter, track and send thank you letters for donations for 3 YSS locations.
- Reconcile donation records from Resource Development database to the Fiscal Department records monthly and to the penny.

Human Resources Generalist, September 16, 1996-March 15, 2007
Youth & Shelter Services, Inc.

Primary Tasks:

- Processed and screened all employment applications and provided information to the public on job openings.
- Maintained HR files ensuring compliance with Dept. of Human Services, Dept. of Substance Abuse, YSS Personnel Policy, confidentiality, and quality assurance requirements.
- Facilitated new staff meetings to complete beginning employment paperwork, explaining benefits.
- Processed terminations as related to COBRA regulations.
- Created/maintained organizational charts for the agency, including all outreach centers.
- Generated various reports from the employee database for use in the agency newsletter.
- Word processing: job descriptions, performance evaluations, warning reports, contracts, letters, and memos.
- Maintained master job description files.
- Distribute monthly notices to supervisors regarding staff performance evaluation due dates.

Secretary/Receptionist, April 16, 1995-September 15, 1996
Youth & Shelter Services, Inc.

Primary Tasks:

- Word processing (client progress reports, letters, memos, minutes, agendas, grants).
- Administrative support/general office/receptionist/busy phone.
- Maintenance of boardroom schedule.
- Transcription.
- Incoming and outgoing mail processing – certified letters, UPS, Fed Ex, etc.

Temporary Administrative Assistant Assignments, January 17, 1995-April 15, 1995
Manpower – Ames, Iowa

Financial Aid Secretary, September 1993-December 20, 1994
Lone Star Community College
20,000 Kingwood Drive, Kingwood, TX 77339 713-359-1606

Primary Tasks:

- Administrative support/general office/receptionist/phones.
- Financial aid form review for completion/assist students as requested.
- Liaison between lenders and students.
- Word processing/filing.

Assistant to Technology Division Secretary, November 20, 1992-July 30, 1993

Lone Star Community College

Primary Tasks:

- General office support/receptionist/phone/word processing/filing/copying/mail processing.

EDUCATION: Lone Star Community College (formerly North Harris CC), Kingwood, TX – Office Administration Certification: GPA 3.76

RECENT PROFESSIONAL DEVELOPMENT TRAINING:

- ALICE Active Shooter Training, Josh Houston, Story County Sheriff's Office, May 2017
- Safe Zone 201, Julia Webb, February 2017
- Human Trafficking, Ruth Buckels, YSS, October 2016
- Mastering Change, Gail Pursell Elliott, June 2016
- Managing Multiple Priorities, Projects & Deadlines, Fred Pryor, April 2016
- Emergency Response: Violent Intruder, Mike Tupper – Marshalltown Chief of Police, November 2015
- Adult & Pediatric First Aid & CPR, American Red Cross, September 2015
- Interactive Ethics, Dr. Bruce Buchanan, Wadle & Associates, October 2013
- Mental Health First Aid, National Council for Behavioral Health, YSS Staff, September 2013
- Customer Service 201, YSS HR Staff, March 2013
- Customer Service 101, YSS HR Staff, 2011
- Women's Conference, Fred Pryor, October 2012

3.2.5.3 Reserved. (Financial Statements)

3.3 *Reserved (Cost Proposal)*